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PUBLIC DISCLOSURE COPY

Form **990**

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

2013

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the **2013** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY		D Employer identification number 36-6130655
	Doing Business As PHI KAPPA PSI FND; PHI PSI FOUNDATION		E Telephone number (317) 275-3400
	Number and street (or P.O. box if mail is not delivered to street address) 5395 EMERSON WAY	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46226		G Gross receipts \$ 21,873,392.
F Name and address of principal officer: BENJAMIN NICOL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.PKPFFOUNDATION.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,414,180.	2,779,287.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	627,746.	668,930.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,984,602.	1,449,831.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,423.	58,041.
		9,069,951.	4,956,089.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,589,940.	3,334,849.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	810,290.	686,582.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	147,413.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 864,643.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,774,519.	1,388,434.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,174,749.	5,557,278.	
19 Revenue less expenses. Subtract line 18 from line 12	1,895,202.	-601,189.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,881,428.	35,348,019.
	22 Net assets or fund balances. Subtract line 21 from line 20	535,707.	623,872.
	36,345,721.	34,724,147.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	BENJAMIN NICOL, CHIEF EXECUTIVE OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	AMANDA MEKO, CPA		
Paid Preparer Use Only	Firm's name ▶ GREENWALT CPAS, INC.	Firm's EIN ▶ 35-1489521	Check if self-employed <input type="checkbox"/> PTIN P01062615
	Firm's address ▶ 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224	Phone no. 317-241-2999	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ENDOWMENT FUND'S PRIMARY EXEMPT PURPOSE IS TO AID, ENCOURAGE, PROMOTE AND CONTRIBUTE TO THE EDUCATIONAL AND SCHOLASTIC ASPIRATIONS OF TODAY'S COLLEGIANS THROUGH SCHOLARSHIPS, FELLOWSHIPS, GRANTS AND LEADERSHIP PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,070,568. including grants of \$ 3,334,849.) (Revenue \$ 259,095.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,070,568.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		N/A
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		N/A
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IN, IL, AL, AK, AZ, AR, CA, CT, FL, GA, HI, KS
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: _____
 JAKE KOENIG/BENJAMIN NICOL - (317) 275-3400
 5395 EMERSON WAY, INDIANAPOLIS, IN 46226

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE W. WILSON CHAIRMAN EMERITUS	10.00	X		X				0.	0.	0.
(2) FREDERICK A. HEGELE CHAIRMAN	5.00	X		X				0.	0.	0.
(3) BRUCE A. JACKSON SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(4) JAMES C. DENNY VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(5) DONALD V. FITES TRUSTEE	3.00	X						0.	0.	0.
(6) JAMES E. HAGLER TRUSTEE	2.00	X						0.	0.	0.
(7) CHRISTOPHER J. HEDBERG TRUSTEE	2.00	X						0.	0.	0.
(8) JOHN D. KLINEDINST TRUSTEE	4.00	X						0.	0.	0.
(9) HENRY B. MARVIN TRUSTEE	2.00	X						0.	0.	0.
(10) D. BRUCE MCMAHAN TRUSTEE	2.00	X						0.	0.	0.
(11) JERRY NELSON TRUSTEE	2.00	X						0.	0.	0.
(12) RICHARD E. ONG TRUSTEE	3.00	X						0.	0.	0.
(13) ROBERT J. RAYBURN TRUSTEE	8.00	X						0.	0.	0.
(14) DENNIS J. SCHWARTZ TRUSTEE	3.00	X						0.	0.	0.
(15) W. GUY SPRIGGS TRUSTEE	1.00	X						0.	0.	0.
(16) CARL J. STONEY JR. TRUSTEE	4.00	X						0.	0.	0.
(17) PAUL R. WINEMAN TRUSTEE	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID L. WOODRUM TRUSTEE	2.00	X						0.	0.	0.
(19) BENJAMIN S. M. NICOL CHIEF EXECUTIVE OFFICER	40.00			X			101,672.	0.	9,788.	
(20) JAMES L. KOENIG CONTROLLER	24.00			X			142,346.	0.	8,039.	
1b Sub-total							244,018.	0.	17,827.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							244,018.	0.	17,827.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	2,779,287.				
	g Noncash contributions included in lines 1a-1f: \$	633,484.				
	h Total. Add lines 1a-1f	2,779,287.				
	Program Service Revenue	2 a MORTGAGE INTEREST INCO	523000	261,888.	261,888.	
b FUND MANAGEMENT FEE		900099	259,095.	259,095.		
c EVENT FACILITATION		900099	147,947.		147,947.	
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			668,930.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,209.		166,209.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	126,288.			
		(ii) Personal				
		b Less: rental expenses	82,288.			
		c Rental income or (loss)	44,000.			
	d Net rental income or (loss)		44,000.	44,000.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	18,097,562.			
		(ii) Other	21,075.			
		b Less: cost or other basis and sales expenses	16,808,782.	26,233.		
		c Gain or (loss)	1,288,780.	-5,158.		
	d Net gain or (loss)		1,283,622.		1,283,622.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	525100	14,041.			14,041.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		14,041.				
12 Total revenue. See instructions.		4,956,089.	564,983.	0.	1,611,819.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,794,204.	2,794,204.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	540,645.	540,645.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,845.	78,554.	125,248.	58,043.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	344,099.	32,628.	22,141.	289,330.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,973.	1,694.	309.	8,970.
9 Other employee benefits	27,167.	4,759.	7,861.	14,547.
10 Payroll taxes	42,498.	7,413.	9,834.	25,251.
11 Fees for services (non-employees):				
a Management	28,767.	28,767.		
b Legal	33,045.	15,674.	17,371.	
c Accounting	33,035.	1,000.	32,035.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	147,413.			147,413.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	76,287.	8,405.	43,228.	24,654.
12 Advertising and promotion				
13 Office expenses	21,357.	773.	12,171.	8,413.
14 Information technology				
15 Royalties				
16 Occupancy	164,238.	69,709.	66,606.	27,923.
17 Travel	170,306.	15,776.	119,555.	34,975.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,859.		12,384.	7,475.
20 Interest	21,560.		21,560.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,820.	113,313.	57,896.	32,611.
23 Insurance	11,853.	5,097.	4,860.	1,896.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DESIGNATED FUND INVESTM	279,866.	259,095.	20,771.	
b CREATIVE, PRINTING AND	117,161.	1,214.	17,866.	98,081.
c BAD DEBT EXPENSE	98,829.	63,745.		35,084.
d POSTAGE AND DELIVERY	42,749.	2,274.	7,095.	33,380.
e All other expenses	65,702.	25,829.	23,276.	16,597.
25 Total functional expenses. Add lines 1 through 24e	5,557,278.	4,070,568.	622,067.	864,643.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	962,199.	1	534,935.
	2 Savings and temporary cash investments	1,004,304.	2	1,463,559.
	3 Pledges and grants receivable, net	2,489,536.	3	1,733,769.
	4 Accounts receivable, net	11,618.	4	26,861.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	4,598,902.	7	4,459,233.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,549.	9	34,077.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,749,970.		
	b Less: accumulated depreciation	10b 1,730,193.	3,225,186.	10c 3,019,777.
	11 Investments - publicly traded securities	7,241,712.	11	6,947,374.
	12 Investments - other securities. See Part IV, line 11	11,861,466.	12	11,275,428.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,472,956.	15	5,853,006.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,881,428.	16	35,348,019.	
Liabilities	17 Accounts payable and accrued expenses	110,355.	17	145,828.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	405,602.	23	397,818.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,750.	25	80,226.
	26 Total liabilities. Add lines 17 through 25	535,707.	26	623,872.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,147,096.	27	14,426,441.
	28 Temporarily restricted net assets	19,050,038.	28	19,085,285.
	29 Permanently restricted net assets	1,148,587.	29	1,212,421.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	36,345,721.	33	34,724,147.
34 Total liabilities and net assets/fund balances	36,881,428.	34	35,348,019.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,956,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,557,278.
3	Revenue less expenses. Subtract line 2 from line 1	3	-601,189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,345,721.
5	Net unrealized gains (losses) on investments	5	329,629.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-1,730,066.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	380,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,724,147.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,016,369.	1,978,579.	4,179,668.	5,414,180.	2,779,287.	17,368,083.
2 Tax revenues levied for the organization'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	3,016,369.	1,978,579.	4,179,668.	5,414,180.	2,779,287.	17,368,083.
5 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)						1,061,115.
6 Public support. Subtract line 5 from line 4.						16,306,968.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,016,369.	1,978,579.	4,179,668.	5,414,180.	2,779,287.	17,368,083.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	297,840.	323,543.	351,126.	452,327.	427,968.	1,852,804.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		49,265.	8,889.	16,978.	14,041.	89,173.
11 Total support. Add lines 7 through 10						19,310,060.
12 Gross receipts from related activities, etc. (see instructions)					12	2,015,793.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84.45 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.36 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2013

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ROBERT J. RAYBURN	1,046,875.	660,674.
JERRY NELSON	536,600.	150,399.
DENNIS J. SCHWARTZ	430,610.	44,409.
DONALD V. FITES	478,035.	91,834.
KENT P. NEWMARK	500,000.	113,799.
Total Excess Contributions to Schedule A, Part II, Line 5		1,061,115.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE ENDOWMENT FUND OF THE PHI KAPPA PSI
FRATERNITY

Employer identification number

36-6130655

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 336,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1		\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 304,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 187,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 83,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 83,229.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	_____ _____ _____	\$ _____ 78,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	3,000 SHARES OF STATASTS <hr/> <hr/> <hr/> <hr/>	\$ 304,500.	08/13/13
5	551 SHARES OF SIMON PROPERTIES <hr/> <hr/> <hr/> <hr/>	\$ 83,229.	09/24/13
	<hr/> <hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/> <hr/>	\$	

Name of organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY

Employer identification number 36-6130655

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held easements at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and a table for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,236,467.	1,826,929.	2,618,663.	3,183,242.	3,131,491.
b Contributions		47.	450.	6,192.	10,925.
c Net investment earnings, gains, and losses	112,256.	-546,199.	-753,999.	-521,121.	40,826.
d Grants or scholarships	50,063.	44,310.	38,185.	49,650.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,298,660.	1,236,467.	1,826,929.	2,618,663.	3,183,242.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 93.35 %
- c Temporarily restricted endowment 6.65 %

The percentages in 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 by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	202,498.	137,000.		339,498.
b Buildings	631,502.	1,527,361.	707,984.	1,450,879.
c Leasehold improvements	10,250.	1,481,400.	381,342.	1,110,308.
d Equipment		414,429.	388,360.	26,069.
e Other		345,530.	252,507.	93,023.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 3,019,777.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CARITAS ROYALTIES FUND	11,272,984.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTMENTS	2,444.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,275,428.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	5,353,067.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	499,939.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,853,006.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	20,957.
(3) PROGRAM SUPPORT PAYABLE	59,269.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	80,226.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,748,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	329,629.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	462,340.
e	Add lines 2a through 2d	2e	791,969.
3	Subtract line 2e from line 1	3	4,956,089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,956,089.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,369,632.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	82,288.
e	Add lines 2a through 2d	2e	82,288.
3	Subtract line 2e from line 1	3	7,287,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-1,730,066.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	-1,730,066.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,557,278.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

EXPLANATION: OVER THE COURSE OF THE ORGANIZATION'S EXISTENCE, IT HAS PERIODICALLY HOUSED HISTORICAL ITEMS INCLUDING OFFICE FURNITURE AND ART THAT HAVE BEEN DONATED. THESE ITEMS EITHER PROVIDE DECORATION FOR THE ORGANIZATION'S OFFICES OR ARE USED AS A FUNCTIONAL PIECE OF FURNITURE.

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT FUND OPERATES SEVERAL DONOR RESTRICTED FUNDS WHICH HAVE BEEN ESTABLISHED BY DONORS TO PROVIDE AN ANNUAL INCOME STREAM FOR SCHOLARSHIPS. ADDITIONALLY, THE ENDOWMENT FUND IS THE BENEFICIARY OF PERPETUAL TRUSTS, THE INCOME OF WHICH IS USED FOR SCHOLARSHIPS. THESE

FUNDS INCLUDE THE OHIO DELTA (J. GILBERT REESE) SCHOLARSHIP FUND (THE

Part XIII Supplemental Information (continued)

"REESE FUND"), THE WATKINS 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 \$744,578
AND AN ENDING BALANCE OF \$741,692. \$663,005 HAS BEEN DEEMED AS THE FUND'S
PERMANENTLY RESTRICTED PORTION. THE PERMANENTLY RESTRICTED PORTION OF THE
WATKINS FUND TOTALS \$49,475. THE FUND HAD A BEGINNING BALANCE OF \$ 55,782
AND AN ENDING VALUE OF \$ 57,027. THE ENDOWMENT FUND'S INTEREST IN THE
SUMMERFIELD FOUNDATION AT THE BEGINNING OF THE YEAR WAS VALUED AT \$423,000
AND THE VALUE OF THE INTEREST AT THE END OF THE YEAR WAS \$486,000. THE
ENDOWMENT FUND ALSO HAS AN INTEREST IN THE WILLIAM E. YOUNG TRUST WHICH
HAD A VALUE OF \$13,107 AT THE BEGINNING OF THE YEAR AND AN END OF YEAR
VALUE OF \$13,940. SPECIFIC INFORMATION RELATED TO THE ACTIVITY OF EACH
FUND CAN BE DETERMINED BY REVIEWING THE ORGANIZATION'S FINANCIAL STATEMENT
BY FUND.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION
501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF
STATE LAW. ACCORDINGLY, NO PROVISION IS MADE FOR FEDERAL OR STATE INCOME
TAXES OR INCOME TAX EFFECTS. THE FOUNDATION IS NOT CONSIDERED A PRIVATE
FOUNDATION AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE.

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR
FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN
TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. THE
FOUNDATION INDIVIDUALLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY
ARE IN COMPLIANCE WITH ITS TAX-EXEMPT PURPOSES. MANAGEMENT DOES NOT
BELIEVE IT IS ENGAGED IN ANY ACTIVITIES THAT WOULD CREATE UNCERTAIN TAX

Part XIII Supplemental Information (continued)

POSITIONS. ALL TAX PERIODS PRIOR TO 2010 ARE NO LONGER SUBJECT TO

EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH VALUE OF LIFE INSURANCE	316,218.
CHANGE IN BENEFICIAL INTEREEST IN PERPETUAL TRUSTS	63,834.
RENTAL EXPENSES NETTED WITH INCOME	82,288.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	462,340.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH INCOME	82,288.
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PART VI

EXPLANATION: THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER

31, 2013 ARE CONSOLIDATED TO INCLUDE THE ACCOUNTS OF THE ENDOWMENT FUND

AND ITS SUBSIDIARIES, PKP MCMAHAN FINANCE ENGINE, LLC, PROPERTY

PRESERVATION, LLC, ONEONTA-MAPLE, LLC, AND HAMMER STREET PROPERTIES, LLC.

ALL INTERCOMPANY TRANSACTIONS HAVE BEEN ELIMINATED IN CONSOLIDATION.

PKP MCMAHAN FINANCE ENGINE, LLC (FINANCE ENGINE) IS A SINGLE MEMBER LLC OF

WHICH THE ENDOWMENT FUND IS THE SOLE MEMBER. THE FINANCE ENGINE WAS

FORMED TO RECEIVE AND MAINTAIN GIFTS OF LIFE INSURANCE.

PROPERTY PRESERVATION, LLC IS A SINGLE MEMBER LLC OWNED BY THE ENDOWMENT

FUND. ONEONTA-MAPLE, LLC AND HAMMER STREET PROPERTIES, LLC ARE SINGLE

MEMBER LLCs OWNED BY PROPERTY PRESERVATION, LLC. THESE LIMITED LIABILITY

COMPANIES OWN PROPERTIES CURRENTLY OCCUPIED BY HOUSE CORPORATIONS OF THE

PHI KAPPA PSI FRATERNITY, INC. AND ARE HELD AS INVESTMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2013

Open To Public Inspection

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **THE ENDOWMENT FUND OF THE PHI KAPPA PSI**
FRATERNITY

Employer identification number
36-6130655

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALOCODY - 65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS,	FUNDRAISING STRATEGIES/TELEFUND		X	246,174.	147,413.	98,761.
Total				246,174.	147,413.	98,761.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IN, IL, AL, AK, AZ, AR, CA, CT, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC, CO, DE, IA, ID, LA, MT, NE, NV, SD, TX, VT

WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUFFALOCODY

(I) ADDRESS OF FUNDRAISER:

65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52404

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY
Employer identification number 36-6130655

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
PHI KAPPA PSI FRATERNITY, INC. 5395 EMERSON WAY INDIANAPOLIS, IN 46226	36-2362161	501(C)7	110,270.	0.			EDUCATIONAL PROGRAM GRANTS
THE OHIO DELTA COMPANY, INC. 47 EAST 16TH AVENUE COLUMBUS, OH 43201	31-6052859	501(C)2	86,685.	0.			EDUCATIONAL OPERATING GRANTS
OREGON BETA OF PHI KAPPA PSI ASSOCIATION - 140 NW 13TH - CORVALLIS, OR 97330	36-2362161	501(C)7	83,853.	0.			EDUCATIONAL AREA GRANTS
TENNESSEE DELTA, PHI KAPPA PSI HOUSE CORPORATION, VANDERBILT PHI KAPPA PSI - 103 24TH AVE S - NASHVILLE, TN 37212	46-1169464	501(C)7	89,750.	0.			EDUCATIONAL AREA GRANTS
THE PURDUE UNIVERSITY PHI KAPPA PSI ASSOCIATION - 721 BUCKSPORT LANE - WESTFIELD, IN 46074	23-7406388	501(C)7	190,000.	0.			EDUCATIONAL AREA GRANTS
IOWA BETA OF PHI KAPPA PSI 316 LYNN AVE AMES, IA 50014	42-1152321	501(C)2	66,468.	0.			EDUCATIONAL OPERATING GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 10.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE HOUSING CORPORATION FOR THE CALIFORNIA GAMMA CHAPTER OF PHI KAPPA PSI - 2424 WARRING STREET - BERKELEY, CA 94076	26-4685310	501(C)7	139,057.	0.			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	300,000.	0.			EDUCATIONAL AREA GRANTS
MICHIGAN ALPHA PHI KAPPA PSI CORPORATION - 30446 WINTHROP DRIVE - MADISON HEIGHTS, MI 48071	38-2426303	502(C)7	38,121.	0.			EDUCATIONAL AREA GRANTS
PHI KAPPA PSI INDIANA BETA, INC. P.O. BOX 3040 BLOOMINGTON, IN 47402	35-6201594	501(C)2	1,690,000.	0.			EDUCATIONAL AREA GRANTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
GRANTS - EDUCATIONAL PROGRAM - FUTURES QUEST FELLOWSHIPS	10	3,950.	0.		
GRANTS - EDUCATIONAL PROGRAM - UNDERGRADUATE - INTERFRATERNITY INSTITUTE (UIFI) FELLOWSHIPS	10	4,600.	0.		
SCHOLARSHIPS - GRADUATE AWARD	1	5,403.	0.		
GRANTS - EDUCATIONAL PROGRAM - AMERICAN LEADERSHIP ACADEMY (ALA) FELLOWSHIPS	56	8,400.	0.		
SCHOLARSHIPS - NATIONAL AWARDS	49	85,500.	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:

EXPLANATION: 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.

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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 non-cash assistance
SCHOLARSHIPS - CHAPTER AWARDS	558.	432,792.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI
FRATERNITY

Employer identification number
36-6130655

Part 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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 in line 1a?	2	
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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES L. KOENIG CONTROLLER	(i)	142,346.	0.	0.	8,039.	0.	150,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **THE ENDOWMENT FUND OF THE PHI KAPPA PSI
FRATERNITY**

Employer identification number
36-6130655

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
9 Securities - Publicly traded	X	18	633,484.	FMV OF SECURITIES
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: THE FOUNDATION UTILIZES UBS FINANCIAL SERVICES TO SELL

DONATED STOCK.

SCHEDULE O
(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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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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

EXPLANATION: 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 AND ITS NATIONAL AND

CHAPTER SCHOLARSHIP OFFERINGS.

PROGRAMS SUCH AS THE PRESIDENTS LEADERSHIP ACADEMY, WOODROW WILSON

LEADERSHIP SCHOOL, HAZINGPREVENTION.ORG PARTNERSHIP, STRENGTHSQUEST

ASSESSMENT AND THE GREEKLIFEEDU INITIATIVE ARE THE CORNERSTONE OF THE

FRATERNITY'S EFFORTS. DURING 2013, THE ENDOWMENT FUND PROVIDED \$110,271

IN SUPPORT OF SUCH INITIATIVES. ADDITIONALLY, THE ENDOWMENT FUND IS

COMMITTED TO NOT ONLY LEADERSHIP PROGRAMS BUT ALSO THE ACADEMIC SUCCESS

OF ITS MEMBERS. FOR FISCAL YEAR 2013, EXPENSES ATTRIBUTABLE TO

FELLOWSHIPS AND SCHOLARSHIPS TOTALED \$540,645.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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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 CAMPAIGN FUND, EDUCATIONAL OPERATING, CHAPTER FELLOWSHIP FUND, MENTOR SCHOLARSHIP 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.

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 ESTABLISHED CAMPAIGN FUNDS FOR 16 HOUSE CORPORATIONS THAT WERE INVOLVED IN CAPITAL CAMPAIGNS DURING 2013. THESE TEMPORARY FUNDS SUPPORT CAPITAL BUILDING 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 EQUAL TO THE EDUCATIONAL PERCENTAGE OF THE FACILITY'S SPACE. IN 2013, THE ENDOWMENT FUND PROVIDED \$2,683,933 IN CHAPTER-SPECIFIC GRANTS TO CHAPTER HOUSE CORPORATIONS AS A COMPONENT OF CHAPTER CAPITAL CAMPAIGNS. WHILE HOUSING IS NOT THE FOUNDATION'S PRIMARY FOCUS, SAFE, HEALTHY AND AN APPROPRIATE ACADEMIC ENVIRONMENT IS PARAMOUNT TO ONE'S SCHOLASTIC PURSUITS. CHAPTER SCHOLARSHIP FUNDS ALSO

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
--	--

SERVED AS A LENDING SOURCE FOR 12 HOUSE CORPORATIONS IN 2013.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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, AK, AZ, AR, CA, CT, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC

332212
09-04-13

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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:

INCREASE IN CASH VALUE OF LIFE INSURANCE	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	
INCREASE IN CASH VALUE OF LIFE INSU	316,218.
CHANGE IN BENEFICIAL INTEREST IN PE	63,834.
TOTAL TO FORM 990, PART XI, LINE 9	380,052.

FORM 990, PART XII, LINE 2C

EXPLANATION: 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 COMMITTEE, WITH INPUT FROM STAFF, IS RESPONSIBLE FOR SELECTION OF THE FIRM COMPLETING THE ORGANIZATION'S ANNUAL AUDIT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROPERTY PRESERVATION, LLC - 20-2489863 5395 EMERSON WAY INDIANAPOLIS, IN 46226	OWN AND OPERATE REAL ESTATE HOLDINGS	INDIANA	0.	1,404.	ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY
ONEONTA-MAPLE, LLC - 73-1724501 5395 EMERSON WAY INDIANAPOLIS, IN 46226	OWN AND OPERATE REAL ESTATE HOLDINGS	INDIANA	-24,727.	201,341.	PROPERTY PRESERVATION, LLC
HAMMER STREET PROPERTIES, LLC - 26-2804420 5395 EMERSON WAY INDIANAPOLIS, IN 46226	OWN AND OPERATE REAL ESTATE HOLDINGS	INDIANA	-2,290.	495,071.	PROPERTY PRESERVATION, LLC
PKP MCMAHAN FINANCE ENGINE, LLC - 36-6130655 5395 EMERSON WAY INDIANAPOLIS, IN 46226	PAY INSURANCE PREMIUMS ON BEHALF OF THE ENDOWMENT FUND	INDIANA	865,205.	13,307,381.	ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PHI KAPPA PSI FRATERNITY, INC. - 36-2362161 5395 EMERSON WAY INDIANAPOLIS, IN 46226	FRATERNAL ORGANIZATION	INDIANA	501(C)7	N/A	N/A		X

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

Schedule R (Form 990) 2013

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

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

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

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

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

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

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

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

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.	B	110,271.	CASH TRANSFER
(2) PHI KAPPA PSI FRATERNITY, INC.	J	71,017.	CASH TRANSFER
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for providing supplemental information.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

▶ For more information about Form 5471, see www.irs.gov/form5471.
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, _____, and ending _____, _____, _____.

Attachment
Sequence No. **121**

Name of person filing this return THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 5395 EMERSON WAY City or town, state, and ZIP code INDIANAPOLIS, IN 46226	A Identifying number 36-6130655 B Category of filer (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ % Filer's tax year beginning JAN 1 _____, 2013, and ending DEC 31 _____, 2013
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D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation CARITAS ROYALTIES FUND (BERMUDA) LTD. CONTINENTAL BUILDING, 25 CHURCH STREET HAMILTON HM12 BERMUDA				b(1) Employer identification number, if any 000000000
b(2) Reference ID number (see instructions) 1				
c Country under whose laws incorporated BERMUDA				
d Date of incorporation 07/22/04	e Principal place of business BERMUDA	f Principal business activity code number 525910	g Principal business activity OPEN-ENDED MUT	h Functional currency UNITED STATES, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: (i) Taxable income or (loss) _____ (ii) U.S. income tax paid (after all credits) _____
c Name and address of foreign corporation's statutory or resident agent in country of incorporation CENTAUR PERFORMANCE GROUP (BERMUDA) CONTINENTAL BUILDING, 25 CHURCH ST HAMILTON HM12 BERMUDA	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different GLOBEOP FINANCIAL SERVICES (CAYMAN) 45 MARKET ST, STE#3205, GARDENIA CT CAMANA BAY, GR CAYMAN 9003 CAYMAN ISLANDS

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	144,009	122,390
PREFERRED	12,000	12,000

Schedule B U.S. Shareholders of Foreign Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY INDIANAPOLIS IN 46226 36-6130655	COMMON	27,494	24,171	17.99%

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	
	4 Dividends	4	
	5 Interest	5	1,506,233.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7		
8 Other income (attach statement) SEE STATEMENT 1	8		9,239,822.
9 Total income (add lines 3 through 8)	9		10,746,055.
Deductions	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 2	16		2,276,256.
17 Total deductions (add lines 10 through 16)	17		2,276,256.
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	8,469,799.
	19 Extraordinary items and prior period adjustments	19	
	20 Provision for income, war profits, and excess profits taxes	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	22,052.	641.
2a	Trade notes and accounts receivable		
2b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 3	12,000.	65,335.
5	Loans to shareholders and other related persons	69,757,712.	77,088,767.
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets		
8b	Less accumulated depreciation	()	()
9a	Depletable assets		
9b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
11a	a Goodwill		
11b	b Organization costs		
11c	c Patents, trademarks, and other intangible assets		
11d	d Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement)		
13	Total assets	69,791,764.	77,154,743.
Liabilities and Shareholders' Equity			
14	Accounts payable	4,689,052.	703,956.
15	Other current liabilities (attach statement) SEE STATEMENT 4	857,377.	14,254,053.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement)		
18	Capital stock:		
18a	a Preferred stock	12,000.	12,000.
18b	b Common stock	64,233,335.	62,184,734.
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings		
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	69,791,764.	77,154,743.

Form 5471 (Rev. 12-2012)

Schedule G Other Information

1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? Yes No [] [X]
2 During the tax year, did the foreign corporation own an interest in any trust? Yes No [] [X]
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? Yes No [] [X]
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? Yes No [] [X]
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? Yes No [] [X]
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? Yes No [] [X]
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? Yes No [] [X]
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? Yes No [] [X]

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account 1 8,469,799.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):
a Capital gains or losses
b Depreciation and amortization
c Depletion
d Investment or incentive allowance
e Charges to statutory reserves
f Inventory adjustments
g Taxes
h Other (attach statement)
3 Total net additions
4 Total net subtractions
5a Current earnings and profits (line 1 plus line 3 minus line 4) 5a 8,469,799.
5b DASTM gain or (loss) for foreign corporations that use DASTM 5b
5c Combine lines 5a and 5b 5c 8,469,799.
5d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) 5d
Enter exchange rate used for line 5d

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder Identifying number
1 Subpart F income (line 38b, Worksheet A in the instructions) 1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) 2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) 3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) 4
5 Factoring income 5
6 Total of lines 1 through 5. Enter here and on your income tax return 6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) 7
8 Exchange gain or (loss) on a distribution of previously taxed income 8

Was any income of the foreign corporation blocked? Yes No [] [X]
Did any such income become unblocked during the tax year (see section 964(b))? Yes No [] [X]

If the answer to either question is "Yes," attach an explanation.

FORM 5471 OTHER INCOME STATEMENT 1

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
UNREALIZED GAIN ON NOTE RECEIVABLE			9,239,822.
TOTAL TO 5471, SCHEDULE C, LINE 8			9,239,822.

FORM 5471 OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PERFORMANCE FEES			1,170,000.
MANAGEMENT FEES			434,516.
ADMINISTRATIVE FEES			589,553.
PROFESSIONAL FEES			82,187.
TOTAL TO 5471, SCHEDULE C, LINE 16			2,276,256.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OTHER SUBSCRIPTIONS RECEIVABLE	12,000.	12,000.
	0.	53,335.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	12,000.	65,335.

FORM 5471 OTHER CURRENT LIABILITIES STATEMENT 4

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED EXPENSES	182,081.	130,246.
REDEMPTIONS PAYABLE	675,296.	14,123,807.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	857,377.	14,254,053.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Identifying number 36-6130655
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Name of foreign corporation CARITAS ROYALTIES FUND (BERMUDA) LTD.	EIN (if any) 000000000	Reference ID number 1
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Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	4,935,682.					4,935,682.
2a Current year E&P	8,469,799.					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	13,405,481.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	13,405,481.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	13,405,481.					13,405,481.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Identifying number 36-6130655
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Name of foreign corporation CARITAS ROYALTIES FUND (BERMUDA) LTD.	EIN (if any) 000000000	Reference ID number 1
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Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					