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Department of the

Internal Revenue Service

Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Open to Public

DLN: 93493313017606 OMB No 1545-0047

Inspection

A F	or the	2015 ca	lendar year, or tax year	beginning 07-01-2015 , and endi	ng 06-30-2016	ı			
		applicable	C Name of organization The Honor Society of Phi	Kappa Phi			D Emplo	yer id	entification number
_		change					95-1	8564	06
_	ame ch	-	Doing business as						
Initial return Final							E Teleph	one nu	mber
return	/termır		Number and street (or P v 7576 Goodwood Blvd	O box if mail is not delivered to street add	ress) Room/suite	9			
		l return	City or town state or pro	vince, country, and ZIP or foreign postal co	ode.		(225	388	-4917
I Ap	plicatio	n pending	Baton Rouge, LA 70806	vince, country, and ZIP of foreign postar co	oue		<b>G</b> Gross	receipt	s \$ 8,130,774
			<b>F</b> Name and address	of principal officer		U(a) 1			
			Mary Todd PhD	or principal officer			this a group bordinates?		n for
			7576 Goodwood Blvd	0.6		N	О		·
— Та	x-exer	npt status	Baton Rouge, LA 708	_			e all subord cluded?	ınates	Yes No
			<b>✓</b> 501(c)(3) 501(	c) ( ) ◀ (insert no ) 4947(a)(1) or	527			n a lis	t (see instructions)
J W	ebsit	e: > ww	w phikappaphi org				roup exemp		,
<b>K</b> For	m of or	rganization	✓ Corporation Trust	Association	•		f formation 19		<b>M</b> State of legal domicile LA
			1,,	,					
Pa	rt I		mary						
				mission or most significant activit nic excellence in all fields of higher		to enga	ne the comm	nunity	of scholars in service
		o others	nze and promote acaden	inc excendence in an helds of higher	education and	i to engag	ge the comin	iuiiity	or scholars in service
ce									
<u> </u>	-								
Ven	,-	Chack th	us hav 🏲 🗔 if the organi	zation discontinued its operations	or disposed of	mara tha	n 3 E 0/ of it	- not	no o o to
Governance	- '	CHECK III	iis box P   II the organi	zation discontinued its operations	or disposed of	more ma	11 2 3 70 UTIL	s net	assets
	3	Number	of voting members of the	e governing body (Part VI, line 1a)				3	15
Activities &			_	embers of the governing body (Part				4	15
Ĭ.			-	oyed in calendar year 2015 (Part \	•			5	21
Act			•	mate if necessary)				6	115
				e from Part VIII, column (C), line 1				7a	63,375
	b N	let unrela	ated business taxable in	come from Form 990-T, line 34 .				7b	-2,382
						Р	rior Year	<u> </u>	Current Year
	8 Contributions and grants (Part V			t VIII, line 1h)			3,228,	959	2,914,264
₹	9			t VIII, line 2g)			385	4,216	
Ravenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						1,529,	381	1,562,569
æ	11	Other	revenue (Part VIII, col	umn (A ), lines 5, 6d, 8c, 9c, 10c, a	ınd 11e)		259,	992	288,554
	12	Total	revenue—add lines 8 th	ough 11 (must equal Part VIII, co	lumn (A), line		5,024,	717	4,769,603
		12)							
	13		•	aid (Part IX, column (A), lines 1–3	•		100,		116,100
	14		·	rs (Part IX, column (A), line 4)				0	0
<b>5</b> 2	15	Saları 5–10		employee benefits (Part IX, colum	ın (A), lınes		1,274,	753	1,435,289
Expenses	16a		•	(Part IX, column (A), line 11e) .				0	0
d)	Ь		-	column (D), line 25) ▶31,954					
ū	17		- , , ,	ımn (A), lines 11a–11d, 11f–24e)			2,009,	234	1,896,594
	18		, , , , , , , , , , , , , , , , , , , ,	–17 (must equal Part IX, column (/			3,384,		3,447,983
	19		•	ract line 18 from line 12			1,640,		1,321,620
× 2						B			
Net Assets or Fund Balances						ведіппіп	g of Current	теаг	End of Year
Bal	20	Total	assets (Part X, line 16)				25,384,	433	25,605,935
₹ <u>₽</u>	21	Total	liabilities (Part X, line 2	6)			2,376,	114	2,280,894
Zζ	22			Subtract line 21 from line 20 .			23,008,	319	23,325,041
	rt II		ature Block	haran dalah sarah sa					-1 d 1- 11 - 1 1 - 6
	•			have examined this return, including and complete Declaration of prep		-			•
			nowledge		(	,			
		Tk							
		**** Signa	ature of officer				2016-10-26 Date		
Sigr Her				_			*		
. 161	_		Todd PhD Executive Director or print name and title	ſ					
			Print/Type preparer's name	Preparer's signature	Dat	te	a	PTIN	
Pai	d		Sean O'Neill CPA	Sean O'Neill CPA			Check   If self-employed		61021
	pare	ar [	Firm's name 🕨 LaPorte APA	С	<b>.</b>		Firm's EIN 🕨 7	2-1088	3864
	on:	1 -	Firm's address ▶ 10000 Perkir	ns Rowe 200		Ī	Phone no (22!	5) 296-	5150
Jac	<i>.</i> JII	··y	Baton Rouge	, LA 70810					

Forn	1 990 (2015)						Page <b>2</b>
Pai	t IIII Statemen	it of Program Servi	ce Accomp	lishments			
	Check if Sch	nedule O contains a resp	onse or note t	o any line in this	s Part III		
1	Briefly describe th	e organızatıon's mıssıon					
To r	ecognize and promoto	e academic excellence ii	n all fields of h	igher education	and to engage t	he community of schol	ars in service to others
2		n undertake any significa or 990-EZ?			ie year which we	ere not listed on	<b>√</b> Yes  No
	If "Yes," describe t	these new services on So	hedule O				
3	Did the organizatio	n cease conducting, or n	nake significar	nt changes in ho	w it conducts, a	ny program	
	services?						⊤Yes √No
	If "Yes," describe t	these changes on Sched	ule O				
4	expenses Section	ilzation's program service 501(c)(3) and 501(c)(4 , and revenue, if any, for	) organizations	s are required to	report the amo		
4a	(Code	) (Expenses \$	538,436	including grants o	of \$	) (Revenue \$	4,216 )
	receive a monthly ele brand awareness Phil Society manages a va	is the Society's publication, re- ctronic communication, Phi Ka KappaPhi org keeps members ariety of social media channels share ideas, discuss challenge	ppa Phi Focus A informed of bene as well to engag	merchandise catalo efits, including gran ie members and pro	og is included in new ts and awards and co omote networking	<ul> <li>member packets and rene discounts and services from A private online community</li> </ul>	wal statements to enhance corporate partners The and corresponding app help
4b	(Code	) (Expenses \$	666 534	including grants o	of ¢	16.100 ) (Revenue \$	)
40	Phi Kappa Phi's 315 cl community of scholari promote the organizat leadership experience develop leadership str	hapters are encouraged to spo s in service to others Partnerii tion's mission. The Student Le- in which student vice presider rategies and outreach opportui re allocated each year for chap	insor campus and ng for Success Wo adership Summit nts from across th nities for their cha	community events orkshops and other is an event that the ne country work wit apters The Society'	s that recognize and training sessions are Phi Kappa Phi nati th leadership facilitat s commitment to ex	promote academic exceller e conducted by the staff to onal organization holds eve tors, the chapter developme ccellence is reflected in its a	nce and engage the strengthen chapters and ry other year It is a two-day ent staff, and each other to ward and incentive programs
4c	(Code	) (Expenses \$	804,147	including grants o	 of \$	) (Revenue \$	173,807 )
	Each new member (2	.7,629) receives a pin and a cors to keep them informed abou	ertificate to disting	guish individuals wit		• •	, ,
	See Addıtıonal Da	ita					
	Other program co	rvices (Describe in Sche	dule O \				
→u	(Expenses \$	•	uding grants o	of \$	100,000)(Re	evenue \$	)
4e	Total program ser	vice expenses ►	2,109,117				<u>·</u>

Form	990 (2015)			Page 3
Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
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	9	Yes	

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

Was the organization included in consolidated, independent audited financial statements for the tax year?

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  $\dots$ 

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 💆 . . . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

negotiation services? If "Yes," complete Schedule D, Part IV 🛸 .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

17

Yes

Yes

Yes

Yes

Yes

Nο

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Nο

Form 990 (2015)

11a

11b

11c

**11**d

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12a

**12**b

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14a

14b

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20a

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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

IX, column (A ), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . 😏

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . 🖠 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔀 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

			Page 4
assistance to any domestic organization or mplete Schedule I , Parts I and II	21	Yes	

Nο

Νo

Νo

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Νo

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Νo

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Yes

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24a

24b

**24**c

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25b

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28a

28b

28c

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35a

35b

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38

Yes

Yes

Yes

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rt IV Checklist of Required Schedules (continued)			
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

	990 (2015)			Page				
Par	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6	4						
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	4						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes					
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	L						
b	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)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
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)?	4a		No				
b	If "Yes," enter the name of the foreign country ►							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No				
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
_	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	4						
b	facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	4						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
b	Enter the amount of reserves the organization is required to maintain by the states							
c	In which the organization is licensed to issue qualified health plans	1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	I No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

year by the following a The governing body?

Section C. Disclosure

Part \

90 (2015)	
A Governance Management and Disclosure	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

supervision of officers, directors or trustees, or key employees to a management company or other person? .. Did the organization make any significant changes to its governing documents since the prior Form 990 was

**b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . .

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 . . . . . . .

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? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . .

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

14 Did the organization have a written document retention and destruction policy? . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

►Mary Todd PhD 7576 Goodwood Blvd Baton Rouge, LA 70806 (225) 388-4917

List the States with which a copy of this Form 990 is required to be filed▶

**b** 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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization become aware during the year of a significant diversion of the organization's assets? .. 

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

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 . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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 **1**a 15 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 Enter the number of voting members included in line 1a, above, who are

ındependent

1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 

Did the organization delegate control over management duties customarily performed by or under the direct

2

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8a

8b

10b

11a

12a

12b

12c

13

14

15a

15b

**16**a

16b

AK, AL, AR, CA, CO, CT, GA, HI, MA, NC, ND, NH,

NJ,OR,PA,TN,UT,WA

Yes

Νo

Form **990** (2015)

Νo

Νo Νo

Yes Yes Yes

N	0

No

### 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, or 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 no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, of	director, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Timothy L Hulsey PhD	0 50	×		×				0	0	0
Society President	0 50							,	,	0
(2) Gypsy M Denzine PhD	0 50			l						
Society President-Elect	0 50	Х		×				0	0	0
(3) Diane G Smathers EdD	0 50	×		×				0	0	0
Society Past President	0 50	_ ^		^					0	0
(4) Angela Lumpkın Phd	0 50			l				_	_	
VP for Fellowships and Awa	0 50	X		X				0	0	0
(5) Steven Rock PhD	0 50									
VP for Finance	<b>0</b> 50	Х		×				0	0	0
(6) Jake McNeill PhD	0 50									0
VP for Mktg & Member Bene	0 50	Х		×				0		0
(7) Peggy Hopper PhD	0 50			×					0	0
VP for Chapter Development	0 50	Х		Ĺ				0	0	U
(8) Daniel H Sandweiss Phd	0 50	×		×				0	0	0
Regional Vice President	0 50							Ç	,	0
(9) Randy Winzer MET	0 50	×							0	n
Regional Vice President	0 50	^		×				0	0	U
(10) Rodney P Hughes PhD	0 50									
Vice President at Large	0 50	X		×				0	0	0
(11) Capt Wendy Lawrence	0 50									
Vice President at Large	0 50	X		×				0	0	0
(12) Maire Simington PhD	0 50			l				_	_	
Vice President at Large	0 50	X		X				0	0	0
(13) Gina Colaianni	0 50									
Vice President for Student	0 50	Х		×				0	0	0
(14) Tyler P Dufrene	0 50								0	
Vice President for Student	0 50	Х		×				0		0
										Form <b>990</b> (2015)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tes	than erso icer	o not n one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) Eryn Jager	0 50	. ×		T <sub>x</sub>				0	0 0	) (
Vice President for Student	0 50	'				<u> </u>	'	1		
(16) Mary Todd PhD	31 90			x			T '	140.081	8 46,996	34,50
Executive Director	5 60	'					!	140,988	40,950	34,300
(17) Lourdes Barro	28 10	<u> </u>		T <sub>x</sub>				92 22(	27 77/	24.94
Chief Financial Officer	9 40	<u> </u> '	_	<u>  ^</u>	$\vdash$		<u>                                     </u>	83,338	8 27,779	24,84
	+	<u> </u>	<u> </u>	$\vdash$	+	-	$\vdash$			
			$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>	$\vdash$			
		<u> </u>								
		<u> </u>	<u> </u>	_	$\downarrow$	<del> </del>	<u>                                     </u>			
		<u>  '</u>	$\vdash$	-	$\vdash$	-	$\vdash$	-		
	+	<u> </u> '	$\vdash$	$\vdash$	$\vdash$	_	$\vdash$			
		'ـــــــــــــــــــــــــــــــــــــ	Щ	Ļ	Щ	Щ.	Щ			
1b Sub-Total			•	<b>&gt;</b>						
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)		• • •		•	—			24,326	74,775	59,352

\$100,000 of reportable compensation from the organization ▶ 2

Total number of individuals (including but not limited to those listed above) who received more than

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
Se	ection B. Independent Contractors			
	· · · · · · · · · · · · · · · · · · ·			

## Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

LSC Communicatoions US LLC

PO Box 932987 Cleveland, OH 44193

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation
E Group	Sales of Emblems, Regalia	251,454
11790 Sunnse Valley Drive Suite T Reston, WA 20191		
Franklin Press	Printing & Mailing	247,134
PO Box 1269 Baton Rouge, LA 70821		
Marketing General Incorporated	Marketing Consultant	215,068
625 North Washington Street Suite Alexandna, VA 22314		
Lane Services	Computer Programming	144,280
9535 Rising Sun Ave Philadelphia, PA 19115		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

143,624

Printing & Publication

Form 99			f Davidania					Page
Part V	ш	Statement o	r <b>Revenue</b> ule O contains a respo	nse or note to any lir	ne in this Part VIII			
					<b>(A)</b> 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	1a	Federated cam	paigns 1a					
	ь	Membership du	es <b>1b</b>	2,908,629				
	С	Fundraising eve	ents <b>1</b> 0					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	5,635		İ		
ig H	g	Noncash contribution	ons included in lines					
Contr and (	h	1a-1f \$  Total. Add lines	s 1a-1f		2,914,264			
		Totali maa iiila		Business Code	, ,			
Re	2a	Income from Maga	azine	511120	4,216	4,216		
₹ ₹	ь				17-11	,,		
Program Service Revenue	c							
	d							
£	e							
ogra	f	All other progra	am service revenue					
<u>\$</u>	g	Total. Add lines	s 2a-2f		4,216			
	3		ome (including dividen ar amounts)		690,833			690,83
	4		tment of tax-exempt bond	-				
	5	Royalties		•	114,747		63,375	51,37
	6a	Gross rents	(ı) Real	(II) Personal				
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)  (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,104,689	(ii) o thei				
	ь	Less cost or other basis and sales expenses	3,232,953					
	С	Gain or (loss)	871,736					
	d	Net gain or (los			871,736			871,73
Other Revenue	8a	events (not inc	luding  reported on line 1c)					
er			a					
<b>\$</b>			penses <b>b</b> (loss) from fundraising	events				
	9a		rom gaming activities	events p				
	b c		penses <b>b</b> (loss) from gaming acti					
	10a	Gross sales of		<b>•</b>				
		returns and allo	owances . a	302,025				
	ь	Less cost of g	oods sold <b>b</b>	128,218				
	С	Net income or (	(loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·	173,807	173,807		
		Miscellaneous	s Revenue	Business Code				<del></del>
	11a b							
	C							
	d	All other reven	ue					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions .		4,769,603	178,023	63,375	1,613,94
	1				4,709,003	1/0,023	03,3/5	1,013,94

## Part IX Statement of Functional Expenses

	-		
Section $50.1(c)(3)$ and $50.1(c)(4)$ orga	nizations must complete all colu	mns All other organizations mus	st complete column (A.)

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

	Γ				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	116,100	116,100		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	306,813	99,410	192,062	15,341
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	861,330	540,040	316,478	4,812
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,486	46,296	26,455	735
9	Other employee benefits	111,833	61,508	48,088	2,237
10	Payroll taxes	81,827	45,005	35,186	1,636
11	Fees for services (non-employees)	61,627	45,005	33,100	1,636
	Management				
a	-	4.267		4.267	
b	Legal	4,267		4,267	
C	Accounting	17,000		17,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	72.420		72 420	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	73,439		73,439	
g	amount, list line 11g amount exceeds 10% of line 25, column (A)	254,824	232,997	21,827	
12	Advertising and promotion	14,957	14,957		
13	Office expenses	909,208	670,208	239,000	
14	Information technology	121,560	57,183	57,184	7,193
15	Royalties				
16	Occupancy	29,348		29,348	
17	Travel	131,024	66,765	64,259	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	179,909	158,648	21,261	
20	Interest	9,459		9,459	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	143,589		143,589	
23	Insurance	8,010		8,010	
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					
b					
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,447,983	2,109,117	1,306,912	31,954
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)	,,	,,	,,	,- 3 .

(B)

End of year

78,540

482,108

102,975

217,741

149.093

1,440,201

22.978.872

156,405

268,983

1,674,784

51,929

261,005

24,193

2,280,894

22,934,514

390,527

23,325,041

25.605.935

Form 990 (2015)

25,605,935

## ce Sheet f Schedule O contains a response or note to any line in this Part X $\,$ . $\,$ . $\,$ .

Par	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any lin	ne in th	ıs Part X
	1	Cash-non-interest-bearing		
	2	Savings and temporary cash investments		
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from current and former offices when some of the compensated employees. Compensated employees. Compensated employees.		
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(E section	3), and   501(c)(9)
Ass	7	Notes and loans receivable, net		
	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,933,555
	ь	Less accumulated depreciation	10b	1,493,354

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Net Assets or Fund Balances

1	Cash-non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net

Investments—publicly traded securities . .

Other assets See Part IV, line 11 . . .

Intangible assets . . . . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Grants payable

Deferred revenue .

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances . .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

(A)

Beginning of year

100,870

282,220

53,802

228,840

112,626

1,428,984

58,846

261,458

1,696,624

53,757

345,313

18,962

2,376,114

22,617,792

390,527

23.008.319

25,384,433

25,384,433

23,118,245

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# se or note to any line in this Part XI . . . . . .

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Revenue less expenses Subtract line 2 from line 1 . .

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Check if Schedule O contains a respo	n

•	•	•			

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23,325,041

No

Νo

Νo

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Page **12** 

4,769,603

3,447,983

1,321,620

23,008,319

-1,004,898

## Additional Data

Software ID: Software Version:

**EIN:** 95-1856406

Name: The Honor Society of Phi Kappa Phi

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 100,000 including grants of \$ 100,000 ) (Revenue \$

The Honor Society of Phi Kappa Phi promotes academic excellence in higher education through a grant to the Phi Kappa Phi Foundation The foundation uses the grant to award Fellowships, awards and grants to outstanding students and alumni

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Dat	ta -		DLN: 9	3493313017606	
(Fo		OULE A 990 or		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.					2015 Open to Public	
Treas				Information al	bout Schedule A (Forn <u>orm990</u> .	n 990 or 990-E	Z) and its instru	uctions is at	Inspection	
Name	e of t	enue Service he organizat ociety of Phi Ka						Employer identific	ation number	
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	tions must c	omplete this r	95-1856406 part.) See instructi	ons.	
					ause it is (For lines 1			· · · · · · · · · · · · · · · · · · ·	01131	
1	- F		•		r association of churc	-	•	•		
2	<u> </u>				)(1)(A)(ii).(Attach Sc					
3	<u> </u>			-	service organization of	•		* *		
4	<u> </u>	•		•	erated in conjunction v				il Enterthe	
7	I		name, city,		rated in Conjunction v	vicii a nospicar	described iii <b>se</b>	ccion 170(D)(1)(A)(n	ir). Enter the	
5	Г	An organı <b>170(b)(1</b> )	zatıon opera ( <b>A)(iv).</b> (C	ated for the ber omplete Part I	•			_	described in <b>section</b>	
6				-	or governmental unit					
7	~				es a substantial part		rom a governme	ental unit or from the	general public	
8	_				vi). (Complete Part II ion 170(b)(1)(A)(vi)	•	rt II )			
9	<u> </u>		•		ves (1) more than 33		•	ahutions membershir	fees and gross	
10	' 	receipts f from gross organizati	rom activitie s investmen on after Jun	es related to it it income and i ie 30, 1975 S	s exempt functions—s unrelated business tax ee <b>section 509(a)(2).</b> ted exclusively to tes	ubject to certa xable income ( (Complete Par	in exceptions, less section 51 t III )	and (2) no more than 1 tax) from business	331/3% of its suppor	
11	<u> </u>	_	· <del>-</del>	•	ted exclusively for the	•	•		out the nurnoses of	
	ı				nizations described in					
а	$\Gamma$	Type I. A s	supporting o	organization op	it describes the type overated, supervised, or to regularly appoint o	controlled by	its supported o	rganization(s), typica	illy by giving the	
		-		•	rt IV, Sections A and I					
b					upervised or controlle					
		_		ipporting organ <b>V, Sections A</b> a	nization vested in the s	same persons	that control or i	manage the supported	d organization(s) <b>You</b>	
c	_	-		•	supporting organizatio	n operated in o	connection with	. and functionally inte	grated with, its	
	ļ				uctions) You must co				J	
d		not functio	nally integr	ated The orga	I. A supporting organization generally mus	st satisfy a dis	tribution requir			
e					<b>te Part IV, Sections A</b> ceived a written deter			saTvneI TvneII 1	Type III functionally	
-	I				ally integrated suppor			, pc 1, 1 , pc 11, 1	, po III lanctionally	
f	Ente	_		ed organizatio				<u> </u>		
g		Provide th	e following i	nformation abo	out the supported orga	ınızatıon(s)				
		(i)		(ii)EIN	(iii)	(iv		(v)	(vi)	
Nar	ne of s	supported or	ganızatıon		Type of organization (described on lines 1- 9 above (see instructions))	Is the organization listed in your governing mo		A mount of monetary support (see instructions)	A mount of other support (see instructions)	
						Yes	No	]		
Tota										
iota						l	1		L	
For F	aperv	vork Reduct	ion Act Not	ice, see the In	structions for Form 99	00 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015	

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

	(Complete only if you on Part III. If the organization						
_	Section A. Public Support	ition fails to qua	illy under the	tests listed beit	ow, please con	ipiete Part III.)	<u> </u>
(0	Calendar year r fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	3,366,652	3,322,471	3,269,702	3,228,956	2,914,264	16,102,04
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	3,366,652	3,322,471	3,269,702	3,228,956	2,914,264	16,102,04
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						

### Public support. Subtract line 5 from line 4 Section B. Total Support

on line 1 that exceeds 2% of the amount shown on line 11, column

## Calendar year

## (or fiscal year beginning in) ▶

## 7 Amounts from line 4

- Gross income from interest, dividends, payments received on

**10** Other income Do not include gain or loss from the sale of capital assets (Explain in Part

11 Total support. Add lines 7

carried on

through 10

organization

instructions

supported organization

VI)

12

15

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

- 3,366,652

# (a)2011

517,040

- **(b)**2012
  - 3,322,471

580,751

- (c)2013

- - 3,269,702
    - 488,603
- 746,667

(d)2014

- 3,228,956
- (e)2015

14

15

2,914,264

737,989

16,102,045

16,102,045

3,071,050

19,173,095

774.291

83 980 %

85 700 %

▶ 🗸

▶□

Schedule A (Form 990 or 990-EZ) 2015

(f)Total

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, 

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage 14

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Public support percentage for 2014 Schedule A, Part II, line 14

17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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.)

	II. If the organization	rails to qualify	/ under the tes	to libra a balant	picase compi	ete Part II.)	
Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	(e)2015	<b>(f)</b> ⊤otal
(or t	iscal year beginning in) ► 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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and						
U	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 Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
-	iscal year beginning in)		. ,	· ,	. ,	, ,	
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
c	income (less section 511 taxes) from businesses acquired after						
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	or the organizatio	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3	3) organization,
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here			, third, fourth, or f	ifth tax year as a	section 501(c)(	3) organization, ▶
11 12 13 14 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Pub	lic Support P	ercentage		ifth tax year as a	section 501(c)(	3) organization, ▶    □
11 12 13 14	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is finetek this box and stop here Ction C. Computation of Pub Public support percentage for 2015	lic Support Po	ercentage (f) divided by line		ifth tax year as a	section 501(c)(3	3) organization, ▶ ┌
11 12 13 14 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Pub	lic Support Po	ercentage (f) divided by line		ifth tax year as a		3) organization, ▶ [
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here  ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 Ction D. Computation of Inv	lic Support Pour (line 8, column of 4 Schedule A, Pour street Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	3) organization, ▶ □
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here  ction C. Computation of Pub Public support percentage from 2015	lic Support Pour (line 8, column of 4 Schedule A, Pour street Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	B) organization,  ▶ □
11 12 13 14 Se 15 16 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here  ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 Ction D. Computation of Inv	lic Support Po (line 8, column of 4 Schedule A, Poestment Inco 2015 (line 10c, c	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) <b>ge</b> by line 13, colum	· · · · · · · · · · · · · · · · · · ·	15 16	3) organization, ▶ □

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—2014. 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

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

Schedule A (Form 990 or 990-EZ) 2015

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· ·			

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

•	bection by Type I Supporting Organizations		
			Yes
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)		

that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior

tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s) 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2 Activities Test\_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

each of the supported organizations? Provide details in Part VI

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

Yes

2a

2b

3a

3b

No

(B) Current Year (optional)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	•		•	

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	A cquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		

d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	rganızatıon (see

Section D - Distributions			Current Year				
A mounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furthe excess of income from activity	2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	uured)						
6 Other distributions (describe in Part VI) See instru	ictions						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
f 1 Distributable amount for 2015 from Section C, line $f 6$							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
b							
_ с							
<b>d</b> From 2013							
<b>e</b> From 2014							
f Total of lines 3a through e							
<ul> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2015 distributable amount</li> </ul>							
i Carryover from 2010 not applied (see							
instructions)							
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f							
<b>4</b> Distributions for 2015 from Section D, line 7							
\$ <u></u>							
A pplied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							
		Schedule A	(Form 990 or 990-EZ) (2015				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	chedule A (Form 990 or 990-EZ) 2015 Page <b>8</b>					
Part VI Supplemental Information.  Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test				
R	eturn Reference	Explanation				
		Schedule A (Form 990 or 990-	Z) 2015			

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DLN: 93493313017606 OMB No 1545-0047

Inspection

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

(Form 990)

Treasury

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

Internal Revenue Service **Employer identification number** Name of the organization The Honor Society of Phi Kappa Phi 95-1856406 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year

Total number of conservation easements 2a Total acreage restricted by conservation easements 2b

Number of conservation easements on a certified historic structure included in (a)

Number of states where property subject to conservation easement is located ▶\_

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **▶** \$ \_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Sche	dule D	(Form 990) 2015						Page
Par	3111	Organizations Maintaining Collections of Ar (continued)	t, Hi	stori	cal	Treasures, o	or Ot	her Similar Assets
3		g the organization's acquisition, accession, and other reco ction items (check all that apply)	rds, c	heck a	any	of the following tl	hat ar	e a significant use of its
а		Public exhibition	d		Lo	oan or exchange	progra	ams
b		Scholarly research	e	Г	0	ther		
c		Preservation for future generations						
4	Provi Part )	de a description of the organization's collections and expl XIII	aın ho	w they	/ fur	ther the organiza	ition's	exempt purpose in
5		ng the year, did the organization solicit or receive donation ts to be sold to raise funds rather than to be maintained as						
Pai	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on I Part X, line 21.	Form	990,	Pa	rt IV, line 9, or	repo	orted an amount on Form 990,
1a		e organization an agent, trustee, custodian or other interm ded on Form 990, Part X?	ediary	/ for co	ontr	ibutions or other	asse	ts not <b>Yes √ No</b>
b	If'	"Yes," explain the arrangement in Part XIII and complete	the fo	Howing	g ta	ble		A mount
c	Ве	ginning balance				L	<b>1</b> c	
d	A d	lditions during the year					1d	
е	Dis	stributions during the year				L	1e	
f	En	ding balance					1f	

Ending balance ☐ No

 $\overline{\mathbf{V}}$ If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ......

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Pnor year **b** (c)Two years back (d)Three years back (e)Four years back 27,952,522 28,121,232 24,780,947 22,586,726 Beginning of year balance .

21,968,441 252,858 273,924 612,177 422,909 757,458 Contributions

Net investment earnings, gains, and 485,637 512,586 3,729,309 2,413,990 587,124 518,398 596,382 483,825 516,125 434,850 Grants or scholarships

Other expenditures for facilities 4,603 4,828 8,331 4,141 73,045 and programs

. . . . 425,522 354,010 319,777 Administrative expenses 27,742,494 27,952,522 28,121,232 End of year balance

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

93 000 % Board designated or quasi-endowment ▶ 7 000 % Permanent endowment

0 % Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the **3**a

(i) unrelated organizations (ii) related organizations .

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

3b

3a(i)

3a(ii)

Yes

218,402

22,586,726

No

Νo

Νo

311,680

24,780,947

Part VI Land, Buildings, and Equipment.

. . . . . .

organization by

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)	Accumulated (c) depreciation	(d)Book value		
<b>1a</b> Land		114,000		114,000		
<b>b</b> Buildings		1,298,644	287,850	1,010,794		
c Leasehold improvements						
<b>d</b> Equipment		1,520,911	1,205,504	315,407		
<b>e</b> Other						
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )						

	(Form 990) 2015					Page
Part VII	<b>Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	plete if the org	ganıza	tion answered 'Y	es' on For	m 990, Part IV, line 11b
	(a) Description of security or category		(	( <b>b)</b> Book value		:)Method of valuation
(4)5	(including name of security)				Costo	r end-of-year market value
	I derivatives held equity interests					
(3)Other						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered '	Yes' on Form 9	990, P	art IV, line 11c.c	oo Form (	000 Part V June 13
	(a) Description of investment			<b>b)</b> Book value		) Method of valuation
						r end-of-year market value
	in (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>				
Part IX	Other Assets. Complete if the organization  (a) Descrip		on Forr	n 990, Part IV, line	11d See F	orm 990, Part X, line 15 (b) Book value
	(a) beserve	501011				(B) Book value
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15					
Part X		nization answe	red 'Y	es' on Form 990,	Part IV,	line 11e or 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book val	ue			
Federal inco	ome taxes					
Due to Phi k	Kappa Phi Chapters	2,	4,193			
	парра г по отпарсото		.,250			

24,193

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1

2

а b

d

3

а b

5

1

2

b

d

3

b

c

information

Part IV, Line 2b

Schedule D (Form 990) 2015

Page 4

-876,679

4,769,603

4,769,603

3,476,200

128,217

3,347,983

Recoveries of prior year grants . . . . Subtract line 2e from line 1 .

Other (Describe in Part XIII ) Add lines 2a through 2d . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Subtract line 2e from line 1 . . .

Add lines **4a** and **4b** . . . . . .

Add lines 2a through 2d . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

4b

2b

2c

2d

-1,004,900

128,221

5 1 128,217

2e

3

4c

3

4c

100,000

Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18) . . . . .

Explanation

has been reactivated, the dues are returned to these chapters

The Society holds in escrow dues received for chapters that are currently inactive. Once the chapter

2b

2c 2d

100,000

3,447,983

Schedule D (Form 990) 2015

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

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493313017606 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The Honor Society of Phi Kappa Phi 95-1856406 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (a) Name and address of (e) A mount of non-(f) Method of valuation (b) EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) (1) Phi Kappa Phi Foundation 23-7044263 501(c)(3)100,000 To promote academic 7576 Goodwood Blvd excellence through Phi baton rouge, LA 70806 Kappa Phi Foundation which provides Fellowships, awards, and grants to outstanding students & alumnı For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No. 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

DLN: 93493313017606 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization The Honor Society of Phi Kappa Phi 95-1856406 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

Receive a severance payment or change-of-control payment?

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Nο Νo Νo

4a

4b

40

5a

5b

6a

6b

7

8

Cat No 50053T

Νo

Νo

Νo

Νo

Νo

Page 2

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

140.903

46,981

1 Mary Todd PhD

Executive Director

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(11)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(I) compensation	compensation	compensation				Form 990

17.747

3.131

11,583

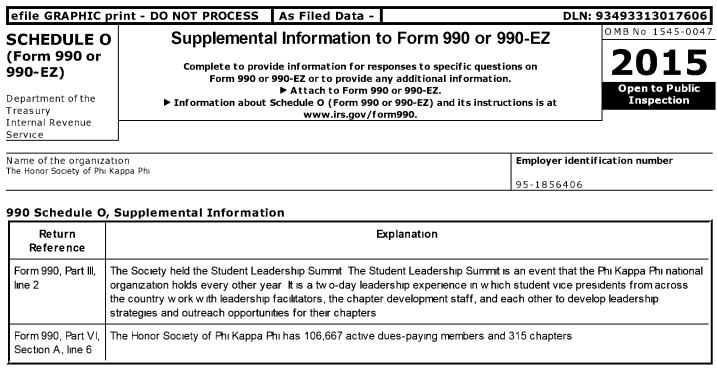
2.045

170.318

52.172

Schedule J (Form 990) 2015 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule J (Form 990) 2015



Return Explanation Reference

990 Schedule O. Supplemental Information

Section A. line 7b

Form 990. Part VI. Phi Kappa Phi members, through their chapter delegates, vote for the following Board positions every two years President-Elect, Vice President for Finance, Vice President for Fellow ships and Awards, Vice President for Marketing and Section A. line 7a Member Benefits and Regional Vice Presidents. Active members can also vote for two members at large

Form 990. Part VI. Society members (represented by chapter officers) need to approve changes to the Society's By-Law's

Return Reference Explanation

Form 990, Part VI, Section B, line 11 The 990 is sent electronically to all Board members for review and comments

990 Schedule O, Supplemental Information

Form 990, Part VI, Section B, line 12c

The organization has a written Conflict of Interest Policy Once a year, members of the st aff and the Board of Directors are asked to disclose, by signing a form, any interests tha

t would give rise to conflicts

Return Explanation Reference The Human Resources Committee of the Board of Directors obtains comparability information for the salaries of the

990 Schedule O, Supplemental Information

Section C. line 19

ments are available on the organization's website

·	Executive Director and other top management officials. Information sources include the National Compensation Study conducted by American Research Company, Form 990 from similar organizations and resources provided by The Kullman Firm, an independent HR consulting firm
	Firm, an independent in consuling firm

Form 990. Part VI. The organization's governing documents and conflict of interest policy and financial state

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493313017606 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The Honor Society of Phi Kappa Phi 95-1856406 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (a) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)Phi Kappa Phi Foundation Honor Society CA 501(c)(3) ⊔ne 7 Yes 7576 Goodwood Blvd N/A Baton Rouge, LA 70806 23-7044263 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
					Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

_	_				01E
8) ed ?	No				- 000\ 7
(i) Section 512 (b)(13) controlled entity?	Yes				- D / F C
(h) Percentage ownership					Calcadula
(g) Share of end- of-year assets					
<b>(f)</b> Share of total Income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
<b>(b)</b> Primary activity					
(a) Name, address, and EIN of related organization					1

che	edule R (Form 990) 2015		Рa	ge <b>3</b>
Pa	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		Yes	No
<b>1</b> D	euring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
_	Dundanda from valated avganuation/a)	1f		No
	Dividends from related organization(s)	1g		No
g		1h		No
	Purchase of assets from related organization(s)	1i		No
	Exchange of assets with related organization(s)			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		-		
	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
	Other transfer of cash or property to related organization(s)	1r		No
S	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
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) (b) (c) (d)			

(a)  Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)Phi Kappa Phi Foundation	В	100,000	Cash transfer
(2)Phi Kappa Phi Foundation	0	232,748	14% of expense
(3)Phi Kappa Phi Foundation	Q	100,000	Cash transfer
(4)Phi Kappa Phi Foundation	Q	259,789	14% of expense

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

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

revenue) that was not a related organization. See instructions i			ertain invest	ment	partnerships		1			,			
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations <sup>7</sup>	ı	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 .	ı
											lula D (Fa	Щ	

