

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION		A Employer identification number 23-7337119	
Number and street (or P.O. box number if mail is not delivered to street address) 7700 SHAWNEE MISSION PARKWAY NO 101		Room/suite	B Telephone number (see instructions) (913) 384-5630
City or town, state or province, country, and ZIP or foreign postal code OVERLAND PARK, KS 66202		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,047,402	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	551,539			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	14,665	14,665		
	4 Dividends and interest from securities	5,604	5,604		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	3,855			
	b Gross sales price for all assets on line 6a _____ 64,590				
	7 Capital gain net income (from Part IV, line 2)		3,855		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	575,663	24,124		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,779	0		0
	c Other professional fees (attach schedule)	4,525	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	920	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,402	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	11,626	0		0
	25 Contributions, gifts, grants paid	435,000			435,000
	26 Total expenses and disbursements. Add lines 24 and 25	446,626	0		435,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	129,037			
	b Net investment income (if negative, enter -0-)		24,124		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	526,174	706,204	706,204		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ 35,000 Less allowance for doubtful accounts ▶ _____ 0	35,000	35,000	35,000		
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans	263,798	235,916	235,916		
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	68,782	70,282	70,282			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	893,754	1,047,402	1,047,402			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	601,495	601,495			
	29	Retained earnings, accumulated income, endowment, or other funds	292,259	445,907			
30	Total net assets or fund balances (see instructions)	893,754	1,047,402				
31	Total liabilities and net assets/fund balances (see instructions) .	893,754	1,047,402				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	893,754
2	Enter amount from Part I, line 27a	2	129,037
3	Other increases not included in line 2 (itemize) ▶ _____	3	24,611
4	Add lines 1, 2, and 3	4	1,047,402
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,047,402

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 18 SH C OF VANGUARD DIVIDEND	P	2010-08-24	2016-08-10
b GREAT PLAINS TRUST COMPANY	P	2016-12-05	2016-12-31
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,540		820	720
b 63,050		59,915	3,135
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			720
b			3,135
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	3,855
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	1,236,311	1,112,393	1 111398
2014	42,750	0	0 000000
2013	55,175	682,431	0 080851
2012	53,589	665,139	0 080568
2011	78,870	678,720	0 116204


2 Total of line 1, column (d)	2	1 389021
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 277804
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	956,019
5 Multiply line 4 by line 3	5	265,586
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	241
7 Add lines 5 and 6	7	265,827
8 Enter qualifying distributions from Part XII, line 4	8	435,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	241
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	241
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	241
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	691
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	691
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	450
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 450 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> KS		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of WILLARD R LYNCH Telephone no (913) 384-5630			

Located at **7700 SHAWNEE MISSION PARKWAY SUITE 101 OVERLAND PARK KS** ZIP+4 **66202**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/> 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 EDUCATIONAL SCHOLARSHIPS & GRANTS PROVIDED TO CHARITABLE ORGANIZATIONS	435,000
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	616,189
c	Fair market value of all other assets (see instructions).	1c	354,389
d	Total (add lines 1a, b, and c).	1d	970,578
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	970,578
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	14,559
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	956,019
6	Minimum investment return. Enter 5% of line 5.	6	47,801

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	47,801
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	241
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	241
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	47,560
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	47,560
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	47,560

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	435,000
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	435,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	241
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	434,759

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				47,560
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	25,910			
b From 2012.	20,974			
c From 2013.	21,557			
d From 2014.				
e From 2015.	1,181,069			
f Total of lines 3a through e.	1,249,510			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 435,000				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				47,560
e Remaining amount distributed out of corpus	387,440			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,636,950			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	25,910			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	1,611,040			
10 Analysis of line 9				
a Excess from 2012.	20,974			
b Excess from 2013.	21,557			
c Excess from 2014.				
d Excess from 2015.	1,181,069			
e Excess from 2016.	387,440			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> KANSAS ALPHA OF PHI DELTA THETA ALUMNI CORPORATION LAWRENCE KS 1621 EDGEHILL ROAD LAWRENCE, KS 66044	N/A	N/A	EDUCATIONAL EXPENSES EXCLUSIVELY ASSOCIATED WITH BUILDING CONSTRUCTION COSTS, EDUCATIONAL EQUIPMENT & MATERIALS, MAINTENANCE, FIRE SAFETY EQUIPMENT & INTERNET ACCESS	425,000
KANSAS ALPHA OF PHI DELTA THETA ALUMNI CORPORATION LAWRENCE KS 1621 EDGEHILL ROAD LAWRENCE, KS 66044	N/A	N/A	SCHOLARSHIP DINNERS & AWARDS TO VARIOUS RECIPIENTS	10,000
Total			▶ 3a	435,000
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	14,665	
4 Dividends and interest from securities. . . .			14	5,604	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					3,855
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		20,269	3,855
13 Total. Add line 12, columns (b), (d), and (e).			13		24,124

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name CHARLES S HAVILAND	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN P00009757
Firm's name ► MILLER HAVILAND KETTER PC PA				Firm's EIN ► 48-0958002
Firm's address ► 1901 W 47TH PLACE SUITE 204 WESTWOOD, KS 66205				Phone no (913) 432-2727

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
FRANK KIRK	TRUSTEE 1 00	0	0	0
444 W 47TH ST STE 310 KANSAS CITY, MO 64112				
JEFF DILLON	SECRETARY 1 00	0	0	0
6528 OVERBROOK MISSION HILLS, KS 66208				
WILLARD R LYNCH	TREASURER 2 00	0	0	0
7700 SHAWNEE MISSION PKWY STE 101 OVERLAND PARK, KS 66202				
J BRETT MILBOURN	TRUSTEE 1 00	0	0	0
2500 CITY CENTER SQ 1100 MAIN ST KANSAS CITY, MO 64105				
DAVID STAKER	TRUSTEE 1 00	0	0	0
834 W 64TH TERR KANSAS CITY, MO 64113				
CORY LAGERSTROM	PRESIDENT 1 00	0	0	0
6630 RAINBOW MISSION HILLS, KS 66208				
WILLIAM HESS	TRUSTEE 1 00	0	0	0
1200 MAIN ST STE 3500 KANSAS CITY, MO 64105				
STEVE LIGHTSTONE	TRUSTEE 1 00	0	0	0
4935 CENTRAL STREET KANSAS CITY, MO 64112				
BRETT KNOFF	TRUSTEE 1 00	0	0	0
8502 CHEROKEE PLACE LEAWOOD, KS 66206				

TY 2016 Accounting Fees Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,779	0		0

TY 2016 Other Assets Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MCCROSKEY FUND	68,782	70,282	70,282

TY 2016 Other Expenses Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE, SUPPLIES, MISC	738	0		0
CUSTODY FEES	314	0		0
CONTRIBUTIONS	350	0		0

TY 2016 Other Increases Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Description	Amount
INVESTMENT CHANGE FOR THE CURRENT YEAR	24,611

TY 2016 Other Professional Fees Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FUNDRAISING EXPENSE	4,525	0		0

TY 2016 Substantial Contributors
Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION
EIN: 23-7337119

Name	Address
HELEN COFFIN ESTATE	PO BOX 419692 KANSAS CITY, MO 64141
MICHAEL G WARREN	411 IVANHOE ST DENVER, CO 80220
HAROLD W KNAPHEIDE III	1848 WESTPHALIA STRASSE QUINCY, IL 62305
A SCOTT RITCHIE III	7 N HAMPTON RD EASTBOROUGH, KS 67206
JEFFREY B HANES	6437 VERONA RD MISSION HILLS, KS 66208
BRYAN W JOHNSON	3611 W 63RD STREET MISSION HILLS, KS 66208
MCCROSKEY ESTATE	C/O GORDON HUGENBERGER 3 PARK STREET BOSTON, MA 02108
HADLEY WARWICK	8716 CATALINE STREET PRAIRIE VILLAGE, KS 66207
WILLIAM C BOLEN	6105 HIGH DR MISSION HILLS, KS 66208
MACK V COLT	4121 W 83RD STREET STE 120 PRAIRIE VILLAGE, KS 66208
THOMAS K JONES	4711 W 85TH ST PRAIRIE VILLAGE, KS 66207
MICHAEL L KIMBELL	6800 TOMAHAWK RD MISSION HILLS, KS 66208
MICHAEL C REILLY	608 DELAWARE ST LEAVENWORTH, KS 66048
EDWARD S RISS SR	2724 VERONA CIRCLE MISSION HILLS, KS 66208
KEVIN K WORTHINGTON	7023 WABASH CIRCLE DALLAS, TX 75214
GREATER KC COMMUNITY FUND	1055 BROADWAY BOULEVARD STE 130 KANSAS CITY, MO 64105
HAROLD W KNAPHEIDE IV	200 EAST AVE QUINCY, IL 62301
KEVIN R JONES	6645 WENONGA TER MISSION HILLS, KS 66208
MICHAEL KIRK	3904 W 80TH ST PRAIRIE VILLAGE, KS 66208
ROY A EDWARDS III	73 WILLOWBROOK ST HUTCHINSON, KS 67502
BEN STARK	5315 CANTERBURY RD FAIRWAY, KS 66205
JEFF DILLON	6704 HIGH DR MISSION HILLS, KS 66208
SCOTT SAYLER	3109 W 69TH ST MISSION HILLS, KS 66208
JANET BILL SAYLER	150 OCEAN RD APT B VERO BEACH, FL 32963
TIMOTHY J WALSH	7212 FLEETWOOD DRIVE EDINA, MN 55439
ROBERT L ELLIOTT	138 LAKE REGION CIRLCE WINTER HAVEN, FL 33881
WILLIAM W HUMPHREY III	2215 DRURY LANE MISSION HILLS, KS 66208
GREYSON A CLYMER	360 W 19TH STREET APT 2 NEW YORK, NY 10011

TY 2016 Taxes Schedule

Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

EIN: 23-7337119

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECRETARY OF STATE - LICENSE	40	0		0
FEDERAL TAXES	880	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2016
	Name of the organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$

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

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	300 SHARES OF BANK OF AMERICA STOCK	\$ 6 929	2016-12-20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	250 SHARES OF DUKE ENERGY STOCK	\$ 20 464	2016-08-22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	50 SHARES OF HOME DEPOT STOCK	\$ 6 845	2016-12-22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	315 SHARES OF CHUBB LTD STOCK	\$ 15 575	2016-11-04
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	48 SHARES OF APPLE COMPUTER STOCK	\$ 5 067	2016-03-24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	43 SHARES OF APPLE STOCK	\$ 5 035	2016-12-21

Name of organization KANSAS ALPHA OF PHI DELTA THETA EDUCATIONAL FOUNDATION	Employer identification number 23-7337119
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 23-7337119
Name: KANSAS ALPHA OF PHI DELTA THETA
EDUCATIONAL FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	EDWARD S RISS	\$ 10,000	Person <input checked="" type="checkbox"/>
	2724 VERONA CIRCLE		Payroll <input type="checkbox"/>
	MISSION HILLS, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	HAROLD W KNAPEIDE III	\$ 45,000	Person <input checked="" type="checkbox"/>
	2912 CARNOUSTIE LN		Payroll <input type="checkbox"/>
	QUINCY, IL62301		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	HENRY H NEWELL	\$ 10,000	Person <input checked="" type="checkbox"/>
	800 W MEYER BLVD		Payroll <input type="checkbox"/>
	KANSAS CITY, MO64113		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	JAMES K SCHWARTZ	\$ 6,000	Person <input checked="" type="checkbox"/>
	13906 MOHAWK RD		Payroll <input type="checkbox"/>
	LEAWOOD, KS66224		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	JOHN W SIMPSON	\$ 5,000	Person <input checked="" type="checkbox"/>
	6416 HIGH DR		Payroll <input type="checkbox"/>
	MISSION HILLS, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	SCOTT D FERGUSON	\$ 5,000	Person <input checked="" type="checkbox"/>
	4550 W 191ST ST		Payroll <input type="checkbox"/>
	STILWELL, KS66085		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FOREST MILLEDGE	\$ 6,929	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	6426 SAGAMORE RD		
	MISSION HILLS, KS66208		
<u>8</u>	JEFFREY B HANES	\$ 20,464	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	6437 VERONA RD		
	MISSION HILLS, KS66208		
<u>9</u>	WILLARD R LYNCH	\$ 6,845	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	7700 SHAWNEE MISSION PARKWAY STE 10		
	OVERLAND PARK, KS66202		
<u>10</u>	AS RITCHIE	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 783188		
	WICHITA, KS67278		
<u>11</u>	AS RITCHIE III	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	7 N HAMPTON RD		
	EASTBOROUGH, KS67206		
<u>12</u>	BRETT MILBOURN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1100 MAIN STREET STE 2500		
	KANSAS CITY, MO64105		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	CHARLES KIMBELL	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	6800 TOMAHAWK RD		
	MISSION HILLS, KS66208		
<u>14</u>	DANIEL STAKER	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	3417 TOMAHAWK RD		
	MISSION HILLS, KS66208		
<u>15</u>	DAVID STAKER	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	834 W 64TH TER		
	KANSAS CITY, MO64113		
<u>16</u>	HAROLD W KNPHEIDE IV	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	200 EAST AVE		
	QUINCY, IL62301		
<u>17</u>	JAMES A BILLINGS	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	17560 S GOLDEN RD UNIT 200		
	GOLDEN, CO80401		
<u>18</u>	ME MCPHERSON	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	27201 W 108TH ST		
	OLATHE, KS66061		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	MICHAEL KIRK	\$ 25,000	Person <input checked="" type="checkbox"/>
	3904 W 80TH ST		Payroll <input type="checkbox"/>
	PRAIRIE VILLAGE, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>20</u>	PAT THELEN	\$ 5,000	Person <input checked="" type="checkbox"/>
	3309 W 68TH STREET		Payroll <input type="checkbox"/>
	MISSION HILLS, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>21</u>	ROY A EDWARDS III	\$ 20,000	Person <input checked="" type="checkbox"/>
	73 WILLOWBROOK ST		Payroll <input type="checkbox"/>
	HUTCHINSON, KS67502		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>22</u>	THOMAS CARTMELL	\$ 5,000	Person <input checked="" type="checkbox"/>
	5601 PEMBROKE LN		Payroll <input type="checkbox"/>
	MISSION HILLS, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>23</u>	THOMAS MCGUIRE	\$ 10,000	Person <input checked="" type="checkbox"/>
	9809 JEFFERSON CT		Payroll <input type="checkbox"/>
	KANSAS CITY, MO64114		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>24</u>	TIMOTHY J WALSH	\$ 15,000	Person <input checked="" type="checkbox"/>
	7212 FLEETWOOD DR		Payroll <input type="checkbox"/>
	EDINA, MN55439		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	WILLIAM HUMPHREY	\$ 15,000	Person <input checked="" type="checkbox"/>
	2215 DRURY LN		Payroll <input type="checkbox"/>
	MISSION HILLS, KS66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>26</u>	BEN STARK	\$ 15,575	Person <input type="checkbox"/>
	5315 CANTERBURY RD		Payroll <input type="checkbox"/>
	FAIRWAY, KS66205		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>27</u>	JACK RITCHIE	\$ 5,067	Person <input type="checkbox"/>
	8100 E 22ND ST N BLDG 1000		Payroll <input type="checkbox"/>
	WICHITA, KS67226		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>28</u>	GREYSON CLYMER	\$ 15,000	Person <input checked="" type="checkbox"/>
	360 W 19TH STREET APT 2		Payroll <input type="checkbox"/>
	NEW YORK, NY10011		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>29</u>	D MICHAEL NELSON	\$ 5,000	Person <input checked="" type="checkbox"/>
	8029 ENSLEY LN		Payroll <input type="checkbox"/>
	LEAWOOD, KS66206		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>30</u>	LANCE T LEMAY	\$ 6,605	Person <input checked="" type="checkbox"/>
	1025 W 54TH STREET		Payroll <input type="checkbox"/>
	KANSAS CITY, MO64112		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	NICK M BLASI	\$ 7,000	Person <input checked="" type="checkbox"/>
	6231 GLENFIELD DR		Payroll <input type="checkbox"/>
	FAIRWAY, KS 66205		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>32</u>	RAY D EVANS	\$ 10,200	Person <input checked="" type="checkbox"/>
	8414 MEADOW LANE		Payroll <input type="checkbox"/>
	LEAWOOD, KS 66206		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>33</u>	ROBERT L ELLIOTT	\$ 25,000	Person <input checked="" type="checkbox"/>
	138 LAKE REGION CIRCLE		Payroll <input type="checkbox"/>
	WINTER HAVEN, FL 33881		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>34</u>	JACK RITCHIE	\$ 5,035	Person <input type="checkbox"/>
	8100 E 22ND ST N BLDG 1000		Payroll <input type="checkbox"/>
	WICHITA, KS 67226		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>35</u>	JEFFREY B HANES	\$ 18,135	Person <input checked="" type="checkbox"/>
	6437 VERONA RD		Payroll <input type="checkbox"/>
	MISSION HILLS, KS 66208		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>36</u>	WALKER HESS	\$ 10,000	Person <input checked="" type="checkbox"/>
	3218 LOCKE LN		Payroll <input type="checkbox"/>
	HOUSTON, TX 77019		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)