Form **990**

EXTENDED TO JULY 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
			lar year, or tax year beginning SEP 1, 2017 and ending				
В	Check if	C Name o	forganization	D Employer identification number			
Γ	Addre	EOIN	DATION FOR FRATERNAL EXCELLENCE, INC				
X	chang	,	usiness as	35-1873572			
	chang initial						
\vdash	return Final	965	rand street (or P.O. box if mail is not delivered to street address) W CARMEL DRIVE Room/suit	te E Telephone number			
	_lreturn termii ated	i	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 1,934,981.			
_	Amen	ded CADM					
\vdash	return Apple		nd address of principal officer JUDSON HORRAS	H(a) Is this a group return for subordinates? Yes X No			
_	tion pendi		AS C ABOVE	H(b) Are all subordinates included? Yes No			
1 7		empt status					
			DATIONFE.ORG	H(c) Group exemption number			
				ar of formation 1992 M State of legal domicile IN			
	rt'l	Summary		a or to make a part of the or regar dominente ====			
·	1	Bnefly describ	be the organization's mission or most significant activities FFE ADVAN	GES THE FRATERNAL			
Se			T BY CULTIVATING A CULTURE OF PHILANTHR				
Governance	2		x In the organization discontinued its operations or disposed of mon				
Ş.	3		ting members of the severage body (Bort VI (Inc. In)				
Ğ	4	Number of ind		4 9			
କୁ କୁ	5		of individuals employed in calendar year 2012 (Part V, line 2a)	5 0			
įį	6	Total acceptan	of valuations (action to if managed)	6 62			
Activities	7 a	Total unrelated	d business revenue from Part VIII, column (G), line 10 GDEN, UT	7a 0.			
_⋖	ь	Net unrelated	business taxable income from Form 990-T, line-34	7ь 0.			
8				Prior Year Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	425,883. 159,888.			
Ž	9	Program servi	ce revenue (Part VIII, line 2g)	266,536. 298,358.			
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	21,276. 107,208.			
<u> </u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	713,695. 565,454.			
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)	9,720. 160,000.			
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0. 0.			
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	134,338. 139,292.			
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0. 0.			
X	ь		ng expenses (Part IX, column (D), line 25) 72,499.	380 305			
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	372,395. 309,689.			
	18	•	s Add lines 13-17 (must equal Part IX, column (A), line 25)	516,453. 608,981.			
	19	Revenue less	expenses. Subtract line 18 from line 12	197,24243,527.			
sets or			_	eginning of Current Year End of Year			
SSE		Total assets (F	real control of the c	1,666,904. 1,356,869.			
E E			(Part X, line 26)	355,179. 154,798.			
	22 111]]]	Signature	fund balances Subtract line 21 from line 20	1,311,725. 1,202,071.			
			declare that I have examined this return, including accompanying schedules and statem				
u ue,	correc	L and complete.	Declaration of preparer (other than officer) is based on all information of which prepare				
C		Signature	of officer	7/12/19 Date			
Sign Here		1	ON HORRAS, CHIEF EXECUTIVE OFFICER	54.0			
i ici (-		fint name and title				
		Print/Type prep		Date Check PTIN			
Paid				07/11/19 sell-employed P00573197			
rep Prep		Firm's name	▶ BLUE & CO., LLC	25 1152661			
Use			12800 N. MERIDIAN STREET, SUITE 400	Firm's EIN > 35-1178661			
•		5 2001633	CARMEL, IN 46032	Phone no 317-848-8920			
Mav	the If	RS discuss this	return with the preparer shown above? (see instructions)	X Yes No			
			or Panerwork Reduction Act Notice, see the senarate instructions	Form 990 (2017)			

ID2	rt[III] Statement of Program Service Accomplishments
Įr <u>.</u> a	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission FFE ADVANCES THE FRATERNAL MOVEMENT BY CULTIVATING A CULTURE OF
	PHILANTHROPY AND ENHANCING THE SOPHISTICATION OF FRATERNAL FOUNDATIONS
	AND PROFESSIONALS.
	THE THOU DESCRIPTION
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
·	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	407 000
	EDUCATIONAL PROGRAMS TO FOSTER COLLABORATION BETWEEN FRATERNAL
	FOUNDATIONS AND PROVIDE ADVANCMENT KNOWLEDGE, RESEARCH AND RESOURCE
	INFORMATION.
4b	(Code) (Expenses \$
	,
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 407, 289.

Form **990** (2017)

Form	990	(201	7)

Form 990 (2017) FOUNDATION FOR FRATERNAL EXCELLENCE, INC [Partily] Checklist of Required Schedules



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5		x
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		 ₩
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
L	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	, <u>, , , , , , , , , , , , , , , , , , </u>		
U		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		1
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	j	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		X
		17	-	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4		Х
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			Х
	complete Schedule G. Part III	19		Λ

Form **990** (2017)

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 /f "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	71	
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_ 	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990	(2017)
		, OHI		(۱۱ ت ت

Page 5

Form 990 (2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 5 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a 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 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 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 Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? N/A 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter N/A 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter N/A 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a N/A 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

FOUNDATION FOR FRATERNAL EXCELLENCE,

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	_		"NO" re	spons	se				
•	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in	structions			(TE)				
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	4						
	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	Ì								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	<u> </u>						
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u> </u>	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	X					
5										
	6 Did the organization have members or stockholders?									
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?	•		7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders. or							
_	persons other than the governing body?		•	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:							
_	The governing body?		· · · · · · · · · · · · · · · · · · ·	8a	X					
ь	Each committee with authority to act on behalf of the governing body?			8b	х	t				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the							
9	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	01100		9	1	x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			1				
	tron 5.1 and to This Section B requests information about policies not required by the internal re-	VEITUE	Obde./		Yes	No				
40-	Did the experimental have legal charters, branches, or affiliates?			10a	100	X				
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such ch	antarc	affiliatos	104	 	 				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apicis	, annates,	10b						
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befor	e films the form?	11a	х	├				
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y Deloi	e ming the form.	110		 				
b				12a	X	 				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to con	flicte?	12b	X	 -				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	 ^	\vdash				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y	'es, " a	escribe	10-	x					
	in Schedule O how this was done			12c	X	 				
13	Did the organization have a written whistleblower policy?			13	X	\vdash				
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	 				
15	Did the process for determining compensation of the following persons include a review and approva	ı by ın	aepenaent	1	1]				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			 	 	- 				
	The organization's CEO, Executive Director, or top management official			15a	\vdash	X				
b	Other officers or key employees of the organization			15b	\vdash	Α.				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a		 	X				
	taxable entity during the year?			16a	├─	^				
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıor	ı's		 					
	exempt status with respect to such arrangements?			16b		L				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶IN									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	availabl	е					
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain	ın Sci	nedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict o	interest policy, and	d financ	ıal					
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨							
	MICHAEL WILSON - 317-872-1112									
	865 W CARMEL DRIVE, NO. 116, CARMEL, IN 46032									
					000					

90 (2017)	FOUNDATION FOR	FRATERNAL	EXCELLENCE,	INC	35-1873572	Page 7
-----------	----------------	-----------	-------------	-----	------------	--------

Form 99 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)	(C)					Jule	(D)	(E)	(F)	
Name and Title	Average	١	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
Tunio and This	hours per				compensation	compensation	amount of				
	week	offı	cer an	d a d	rector/trustee)		ee)	from	from related	other	
	(list any	ğ						the	organizations	compensation	
	hours for	dre				20		organization	(W-2/1099-MISC)	from the	
	related	, e	ustee			EL SE		(W-2/1099-MISC)		organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related	
	below	Ng K	lt fil	Officer	턃	hest o	Former			organizations	
	line)	Ē	Isu) OII	Ke	돌	Ē				
(1) KITTY DEKIEFFER	0.50							_	_		
PRESIDENT		X		X		L		0.	0.	0.	
(2) ALLISON RICKLES	0.50								!		
VICE PRESIDENT		X	ŀ	Х				0.	0.	0.	
(3) JOHN CHRISTOPHER	0.50										
TREASURER		х	ŀ	x				0.	0.	0.	
(4) DAVID SMITTLE	0.50		\Box								
SECRETARY	0.30	х		x				0.	0.	0.	
(5) DIANE EGGERT	0.50	-		-					<u> </u>		
DIRECTOR	0.50	х						0.	0.	0.	
(6) GINGER SMITH	0.50	^	┢		┢			<u> </u>	0.		
	0.50			٠,				0.	0.	0.	
SECRETARY	0.50	X	<u> </u>	X	_			0.	0.	<u> </u>	
(7) JASON BUTLER	0.50					ļ		_	•	_	
DIRECTOR		X	ļ		_			0.	0.	0.	
(8) MIKE MAYER	0.50							_		_	
DIRECTOR		X	L	L				0.	0.	0.	
(9) BEN SATCHER, JR.	0.50					1					
DIRECTOR		X						<u>0.</u>	0.	0.	
(10) JUDSON HORRAS	5.00										
PRESDENT & CEO	35.00			х		1		30,879.	238,804.	33,827.	
(11) MICHAEL WILSON	1.00										
CFO		1		x				1,000.	93,385.	12,802.	
(12) MICHAEL MCREE	1.00		_		\vdash	\vdash			00/0.2.2.		
COO -	1.00		ł	x				7,400.	120,609.	13,310.	
		-	\vdash	₽	\vdash	\vdash		1,400.	120,000.	13,310.	
	_		-	<u> </u>	┝	\vdash					
			<u> </u>	_	<u> </u>	_					
l											
		<u> </u>	L.	<u> </u>	L	L_					
			1	•					1		
		L		<u></u>	L						
		1									

(F)

(E)

(C)

(D)

(B)

Name and title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from	(E) Reportable compensation from related			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensa from th organizat and relat organizat		ation ie tion ted
	,											
1b Sub-total c Total from continuation sheets to Part VI	I. Section A				•	J	>	39,279.	452,798. 0.		9,9	39. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		080	listo	d ab		a) wh	D re	39,279.	452,798.	5	9,9	39.
compensation from the organization	or minited to the	-				-, ••••					Yes	0 No
3 Did the organization list any former officer,		ustee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on	_		X
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl								he organization	3	<u> </u>	_
and related organizations greater than \$150Did any person listed on line 1a receive or a									dual for services	4	X 	
rendered to the organization? If "Yes." com	plete Scheduli	e J f	or su	ıch ı	oers	on				5	<u> </u>	X
Complete this table for your five highest co- the organization. Report compensation for										ation fr	om	
(A) Name and business			ONE					(B) Description of s		((Compe	C) ensatio	'n
				<u>-</u>								
			-									
								<u> </u>				
2 Total number of independent contractors (ii		ot lin	nited	d to	_	_	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	zation -				(<u>, </u>				Form	990 ((2017)

A Income from Investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	_	_	
1				•		(A)	Related or exempt function	Unrelated business	from tax under
Business Code \$	ន្ត	1 :	Federated campaigns	1a				-	
Business Code 2 a FOUNDATION MEETINGS/CONFERENCE 511710 298,358,288, 298,358,288, 298,358,288,288,288,288,288,288,288,288,288,2			• =		51,000.				
Business Code \$	<u> </u>		•	1c					
Business Code \$	E E		-						
Business Code \$	S, H		<u>₹</u>	- 1 -					
Business Code \$	Š	1	- · · · · · · · · · · · · · · · · · · ·						
Business Code \$	the second			1 1	108,888.				
Business Code \$	Ēģ	9	Noncash contributions included in lines	1a-1f \$]
2 a FOUNDATION MEETINGS/CONFERENCE 511710 298, 358. 298, 358. 4 b b c c c c c c c c c c c c c c c c c	<u>8</u>		Total, Add lines 1a-1f		<u> </u>	159,888.			
Box C C C C C C C C C					Business Code				
g Total. Add linus 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369, 527, c Gain or (loss) 4 Net gain or (loss) 6 9, 470. 6 9, 47	စ္ပ	2 8	FOUNDATION MEETINGS/COM	NFERENCE	611710	298,358.	298,358.		
g Total. Add linus 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattes (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369, 527, c Gain or (loss) 4 Net gain or (loss) 6 9, 470, 6 9, 470	ě Š.	ı	o						
g Total. Add linus 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattes (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369, 527, c Gain or (loss) 4 Net gain or (loss) 6 9, 470, 6 9, 470	S a	(·						
g Total. Add linus 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369, 527, c Gain or (loss) 4 Net gain or (loss) 6 9, 470. 6 9, 47	E 3	(d			.,			,
g Total. Add linus 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369, 527, c Gain or (loss) 4 Net gain or (loss) 6 9, 470. 6 9, 47	<u> </u>	•	·						
3 Investment income (including dividends, interest, and other similar amounts) 37,738. 37,	<u>-</u>	1	All other program service reve	nue	L				
other similar amounts) 1	\rightarrow	9				298,358.			
A Income from Investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	ļ	3	, ,	dividends, inter	est, and	25 520			35
Second S	İ				P	37,738.			37,738.
(i) Real (ii) Personal (iii) Perso	- 1			x-exempt bond p	proceeds				
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 69,470. 8 a Gross income from fundraising events (not including \$		5	Hoyalties	(1.5)	(A) Davidade				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1,369,527. c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C c d All other revenue e Total. Add lines 11a.11d			0	(i) Real	(ii) Personal				
c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369,527. c Gain or (loss) 8 a Gross income from fundraising events (not including \$!
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369,527. c Gain or (loss) 8 a Gross income from fundraising events (not including \$			· ·						
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1, 369,527. c Gain or (loss) 69,470. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			, ,			·			
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 69,470. 8 a Gross income from fundraising events (not including \$	ĺ		, ,	(i) Securities	(u) Other				1
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$, ,							
and sales expenses C Gain or (loss) Net gain or (loss) B a Gross income from fundraising events (not including \$		ŀ	•						
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d				1,369,527.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			•	69,470,					
Including \$ of contributions reported on line 1c) See Part IV, line 18			Net gain or (loss)		>	69,470.			69,470.
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		8 8	Gross income from fundraising	g events (not					
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	ğ		including \$	of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	۱ دی		contributions reported on line	1c) See					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	<u>ا</u>		Part IV, line 18	а					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	횴		•	_	·				
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d					<u> </u>				
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		9 a		tivities See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d									
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			•		L		·		
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d					· ·				
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d		10 a	•						
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d	ſ								
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			•			<u>. </u>			
to the revenue to total. Add lines 11a-11d to the revenue	ŀ				Business Code		-		
b c d All other revenue e Total. Add lines 11a-11d	ŀ	11 -		<u>-</u>	Duamesa Code				
c d All other revenue e Total. Add lines 11a-11d		_							
d All other revenue e Total. Add lines 11a-11d	- }								
e Total. Add lines 11a-11d)								
		e	•		•				
12 lotal revenue See instructions.		12	Total revenue See instructions.			565,454.	298,358.	0.	107,208.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	···
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			`	•
	and domestic governments. See Part IV, line 21	150,000.	150,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	10,000.	10,000.		
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	·				
	trustees, and key employees	50,061.	22,117.	16,301.	11,643.
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	`. '.''	89,231.	39,421.	29,056.	20,754.
8	Pension plan accruals and contributions (include		,		
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal	895.		895.	_
	Accounting	17,560.		17,560.	
c d	Lobbying	17,3001		17,3001	
•	Professional fundraising services See Part IV, line 17				
4	Investment management fees	7,753.		7,753.	
f -		7,733.		7,7330	
9	column (A) amount, list line 11g expenses on Sch O.)	2,664.	120.	2,544.	
40	Advertising and promotion	20.	120.	20.	
12	Office expenses	4,861.	2,571.	1,154.	1,136.
13	·	1,420.	2,3,1.	1,420.	1,130.
14	Information technology	1,4200		1,1200	
15	Royalties				
16	Occupancy Travel	6,124.	2,717.	1,762.	1,645.
17	· · · · · ·	0,121.	2,717	1,702.	1,013.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	122,231.	119,139.	3,092.	
19	Conferences, conventions, and meetings	144,431.	110,100.	3,052.	
20	Interest				
21	Payments to affiliates	500.			500.
22	Depreciation, depletion, and amortization	500.	· · · · · · · · · · · · · · · · · · ·	-	300.
23	Insurance				
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 0)				26 655
а	ALLOCATIONS	137,171.	60,637.	39,859.	36,675.
b	BANK FEES	8,155.	453.	7,556.	146.
C	PROFESSIONAL DEVELOPMEN	239.	114.	125.	
d	MISC EXP	96.		96.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	608,981.	407,289.	129,193.	72,499.
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 tfollowing SOR 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 306,543. 88,281. 1 Cash - non-interest-bearing 375,196. 244,337. 2 Savings and temporary cash investments 101,000. 3 Pledges and grants receivable, net 3 228,408. 27,886. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Luans and other receivables from other disqualified persons (as defined under section 4058(f)(1)) persons described in section 4058(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 39,125. 11,250. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,004. basis, Complete Part VI of Schedule D 10a 1,019. 519. 2,485. 10c b Less accumulated depreciation 10b 744,488. 855,721. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,356,869. 1,666,904. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 329,929. 110,298. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 25,250. 27,500. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 0 17,000. 25 Schedule D 355,179. 154,798. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SEAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 991,504. 997,484. 27 27 Unrestricted net assets 214,241. 110,567. 28 Temporarily restricted net assets 28 100,000. 100,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Set 1,311,725. 1,202,071. 33 33 Total net assets or fund balances 1,356,869. 1,666,904. 34 Total liabilities and net assets/fund balances

Form	1990 (2017) FOUNDATION FOR FRATERNAL EXCELLENCE, INC	<u> 35-</u>	<u>-18/3</u>	<u> 5 / 4</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
$\overline{\cdot}$	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				81.
3	Revenue less expenses Subtract line 2 from line 1	3		-4	3,5	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>, 31</u>		
5	Net unrealized gains (losses) on investments	5		-6	6,1	27.
6	Donated services and use of facilities	6		_		
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	, 20	<u>2,0</u>	<u>71.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			-		X
	· ·				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					لــــا
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both					1 1
	X Separate basis Consolidated basis Both consolidated and separate basis	• •				
.c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			X	
	review, or compilation of its financial statements and selection of an independent accountant?	-1		2c		┼
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	זונ	_		X
	Act and OMB Circular A-133?		4.4	3a		 ^
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	eo auo	at .	3b]
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				990	(2017)
				rorm	<i>33</i> 0	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION FOR FRATERNAL EXCELLENCE, 35-1873572 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN your governing document (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

	edule A (Form 990 or 990-EZ) 2017 $ {f F} $ int $ {f II} {f Support Schedule for G}$	OUNDATION Organizations	FOR FRAT. Described in	Sections 170	ELLENCE , b)(1)(A)(iv) and	LNC 35-1873 [170(b)(1)(A)(vi)	35/2 Páge 2
	(Complete only if you checked						
•	fails to qualify under the tests						
Sec	ction A. Public Support						/
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		1				
	membership fees received (Do not					/	
	include any "unusual grants ")					/	
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to					/	
	or expended on its behalf				/		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				X		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			/			
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>	l	<u> </u>	
Sec	ction B. Total Support				т		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		 /			 -	
9	Net income from unrelated business	1					
	activities, whether or not the						
	business is regularly carried on	/	-		-		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	/					
	Total support. Add lines 7 through 10 Gross receipts from related activities,	atal lana unata unt		1	1	12	
	First five years. If the Form 990 is for	,		d fourth or fifth to	av vear as a sectio		
13	organization, check this box and stor	/	3 m3t, 3econd, tim	a, lourer, or mar te	ax year as a sectio	11 00 1(0)(0)	▶[
Sec	ction C. Computation of Publi	c Support Per	rcentage	•			
14	Public support percentage for 2017 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	g
	Public support percentage from 2016					15	g
	33 1/3% support test - 2017. If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2016. If the c				I line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						>
17a	10% -facts-and-circumstances test	- 2017. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	lorganization		▶□
b	10% -facts-and/circumstances test	- 2016. If the org	ganization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets th	ie "facts-and-circu	ımstances" test, ch	eck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization of	ualifies as a public	cly supported orga	nization	▶ <u>∟</u>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	ind see instructions	
	/				Sch	edule A (Form 990	or 990-EZ) 2017
	/						
	/						
73202	2 10-96-17						
	/						
	/						

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR FRATERNAL EXCELLENCE, INC 35-1873572 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	35,913.	49,840.	61,667.	425,883.	159,888.	733,191.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	Organization's tax-exempt purpose	172,402.	289,635.	226,497.	266,536.	298,358.	1253428.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to		'				
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	208,315.	339,475.	288,164.	692,419.	458,246.	1986619.
	Amounts included on lines 1, 2, and	200,313.	332,413.	200,104.	002,410.	430,240.	1300013.
, ,	3 received from disqualified persons						0.
ь	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						1986619.
	Public support. (Subtract line 7c from line 6)						1900019.
		(-) 0012	/F) 2014	(a) 201E	(4) 2016	(a) 2017	/O Tetal
	ndar year (or fiscal year beginning in)	(a) 2013 208, 315.	(b) 2014 339, 475.	(c) 2015 288, 164.	(d) 2016 692, 419.	(e) 2017 458, 246.	(f) Total 1986619.
	Amounts from line 6 Gross income from interest,	200,313.	339,4730	200,104.	092,419.	430,240.	1900019.
iua	dividends, payments received on				i		
	securities loans, rents, royalties,	12 122	E1 622	22 420	21 022	37,738.	155 052
_	and income from similar sources	13,123.	51,622.	32,438.	21,032.	31,130.	155,953.
þ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	40 400	F1 600	20 420	01 020	25 520	155 050
	Add lines 10a and 10b	13,123.	51,622.	32,438.	21,032.	37,738.	155,953.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	221,438.	391, <u>097</u> .	320,602.	713,451.	495,984.	2142572.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	i 501(c)(3) organiza	tion,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (In	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	92.72 %
	Public support percentage from 2016					16	93.52 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	<u>7.28</u> %
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	6.48 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	$ ightharpoons \overline{X}$
b	33 1/3% support tests - 2016. If the						nd
	line 18 is not more than 33 1/3%, chec	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization						▶□
					0-1-		ar 000 E7) 0017

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations		

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
	<u> </u>	
3c		<u> </u>
4a		
4b_		
4c		
	 	
5a		
5b		
5c	 	<u> </u>
6		
7		
8		
9a		<u> </u>
9b	-	
_9c		
10a		
10b		
990 or 9	00.EZ	2017

Sche	edule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR FRATERNAL EXCELLENCE, INC 35-18	7357	2 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		L
	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	L	L
Sec	tion B. Type I Supporting Organizations			1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ļ	 -
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1.	T-:
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed		├	
<u></u>	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		l.,	T
			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	 	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- '-	 	 -
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how	1		
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	-		\vdash
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
· a	The organization satisfied the Activities Test Complete line 2 below	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins.	tructions)	
2	Activities Test Answer (a) and (b) below.	., 001, 0, 10,	Yes	No
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		_	l
	that these activities constituted substantially all of its activities	2a		
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		i	l
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR FRATERNA			35-18/35/2 Page 6
Pa	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
٠1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI) See instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	omplete S	ections A through E (A) Prior Year	(B) Current Year
	on Adjusted Net moone			(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	_ 5	<u> </u>	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 035	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	^	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	` 5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	anization (see
	· -	_	_	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION FOR FRATERNAL EXCELLENCE, INC 35-1873572 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a l **b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 FOU.	NDAT.TON	FOR	FRATE	MAL	RXCRPP	ENCE,		35-18		Page 8
Part VI	Supplemental Part IV, Section A, Iine 1, Part IV, Sec Section D, lines 5, Section D, lines 5,	lines 1, 2, 3b, 3 ition D. lines 2 a	3c, 4b, 4c, 5a, ind 3. Part IV.	6, 9a, 9b, Section E	.9c, 11a, 1 . lines 1c. 2	16, and 1 a. 2b. 3a	1c, Part IV, 3 . and 3b. Pa	Section B, rt V. line 1	ines 1 ai . Part V. S	nd 2, Part I Section B.	v, Section line 1e, Par	C, t V,
	(See instructions)											
			-									
			· · · · ·				<u>.</u>					
						· · · · · · · · · · · · · · · · · · ·						
									<u>-</u>			
										· -	•	
												
 											·	
									.			
					— —				<u> </u>			
							,					
										_		
									· -· -			
												
	· · ·								·			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	FOUNDATION FOR FRATERNAL EXCELLENCE, INC	35-18/35/2
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	and a
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
_	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	only
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	•
	impermissible private benefit?	Yes No
Pai		
1	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 a historically	/ important land area
	Protection of natural habitat Preservation of a certified hi	· · · · · ·
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	inservation easement on the last
_	day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a 5	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	20
d		2d
_	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the tax
	year Number of states where property subject to concentration accompany to located	
4	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5		Yes No
_	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation.	
6	Starr and volunteer nours devoted to monitoring, inspecting, nandling of violations, and emorcing conservation	on easements during the year
_	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	coments during the year
7	Amount of expenses incurred in monitoring, inspecting, nariding of violations, and emorcing conservation earlies.	sements during the year
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	M
8	and section 170(h)(4)(B)(ii)?	Yes No
•	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	
	conservation easements	anization's accounting for
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	nd balance sheet works of art
14	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	public service, provide, in rule XIII,
		olongo shoot works of art, historical
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bather than the statement and the statement and b	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, 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	
2	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	
а	Revenue included on Form 990, Part VIII, line 1	\$
<u>b</u>	Assets included in Form 990, Part X	

	t III Organizations Maintaining C	ollections of Art						13512		<u>ge ∠</u>
. 3	Using the organization's acquisition, accession									
. 3		in, and other records	s, check any of the i	ollowing that are	a sigili	incant u	se or its t	Ollection	tems	
_	(check all that apply)			hanna aa						
a	Public exhibition	d		hange programs	5					
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·	•	-			se in Part	XIII		
5	During the year, did the organization solicit or				ımılar as	ssets	_	_		,
	to be sold to raise funds rather than to be ma							Yes		No
Par	reported an amount on Form 990, Par		te if the organizatio	n answered "Ye:	s" on Fo	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets	not inc	luded		_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table							
								Amount		
С	Beginning balance					1c				
đ	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	istodial account	liability	γ		Yes		No
	If "Yes," explain the arrangement in Part XIII				-			_		ĺ
Par										
	•	(a) Current year	(b) Prior year	(c) Two years b) Three v	ears back	(e) Four	vears t	oack
1a	Beginning of year balance	105,166.	113,792.	118,5			19,872.		119,6	
	Contributions		,•	2,2			99,440.	Ì		295.
b	ľ	326.	21.	·	30.		500.			76.
C	Net investment earnings, gains, and losses			1	50.					
d	' '				-					
е	Other expenditures for facilities	0.	0 647	. ا	E0	1	01 121	!		
_	and programs		8,647.	6,8			01,131. 150.		—	150.
f	Administrative expenses	105 100	105 166		50.					
g	End of year balance	105,492.	105,166.	113,7	92.	1	18,531.		119,8	372.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))) held as						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶ 94.79	%								
C	Temporarily restricted endowment	5.21 <u></u> %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered	for the	organiza	ition	_		
	by								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(n)		X
ь	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a S	ee Form 990, Pa	art X, lın	e 10				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulate	ed	(d) Book	value	
		basis (investm	Dasis	(other)	uepre	eciation				
	Land									
þ	Buildings									
С	Leasehold improvements									
d	Equipment			3,004.		2,48	35.		<u>51</u>	<u>.9.</u>
е	Other									
Total	. Add lines 1a through 1e (Column (d) must ed	rual Form 990. Part X	(. column (B), line 1	Qc.)					<u>51</u>	<u>.9.</u>

Schedule D (Form 990) 2017

=		FOR FRATERNAL	EXCELLENCE,	INC 35-	1873572 Page
	stments - Other Securities.				
	elete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value			of-year market value
	ecurity or category (including name of security)	(b) Book value	(c) ivietifod di valua	ation Cost or end-c	n-year market value
Financial deriva			 		
Closely-held eq	uity interests				
Other		 	 		
(A)		-			
(B)					
(C)		 			
(D)		 			
(E)		 	+		
<u>(F)</u>		 	 		
(G)		 			
(H)	anual Farm 000 Part V and (P) line 12)				
	equal Form 990, Part X, col. (B) line 12.) > stments - Program Related.		<u> </u>		
	olete if the organization answered "Yes"	" on Form 900 Part IV line	11c See Form 990 Par	t Y line 13	
	Description of investment	(b) Book value			of-year market value
		(2) 2001 1210	(0)		,
(1)		+			
(2)		1			
(3) (4)					
(5)					
(6)					
(7)		 			
(8)		-			
(9)		-			_
	er Assets. olete if the organization answered "Yes" (a	on Form 990, Part IV, line Description	e 11d See Form 990, Par	t X, line 15	(b) Book value
(1)		·			
(2)					
(3)					
(4)			-		
(5)					
17/					
(6) (7)					
(6)					
(6) (7)					
(6) (7) (8) (9) tal. (Column (b) rart X Othe	must equal Form 990. Part X. col. (B) liner Liabilities.			•	
(6) (7) (8) (9) tal. (Column (b) rart X Othe	er Liabilities. elete if the organization answered "Yes"			00, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r	er Liabilities.		e 11e or 11f See Form 99 (b) Book value	00, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r art X Othe Comp	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	90, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r art X Othe Comp	er Liabilities. blete if the organization answered "Yes" (a) Description of liability			90, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r art X Othe Comp	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	00, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r art X Othe Comp (1) Federal inco (2) FUNDS	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	00, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) reart X Othe Comp (1) Federal Inco (2) FUNDS (3)	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	▶ 00, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r art X Othe Comp (1) Federal inc. (2) FUNDS (3) (4)	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	00, Part X, line 25	
(6) (7) (8) (9) (tal. (Column (b) reart X Other Comp (1) Federal Inc. (2) FUNDS (3) (4) (5)	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	90, Part X, line 25	
(6) (7) (8) (9) tal. (Column (b) r Part X Othe Comp (1) Federal inc. (2) FUNDS (3) (4) (5) (6)	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	90, Part X, line 25	
(6) (7) (8) (9) (1) Federal inc. (2) FUNDS (3) (4) (5) (6) (7)	er Liabilities. blete if the organization answered "Yes" (a) Description of liability ome taxes		(b) Book value	90, Part X, line 25	

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 X
Schedule D (Form 990) 2017

	dule D (Form 990) 2017 FOUNDATION FOR FRATERNAL B				873572	Page 4
Pa	t∤XI∎ Reconciliation of Revenue per Audited Financial Statem	ents With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а				
1	Total revenue, gains, and other support per audited financial statements			1	491	574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	-66,127.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		<u>,127.</u>
3	Subtract line 2e from line 1			3	557	701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	B 850			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,753.			
b	Other (Describe in Part XIII)	4b			_	55
С	Add lines 4a and 4b			4c		753.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	name Wiel E		5		454.
[Pa	TIXIII Reconciliation of Expenses per Audited Financial Staten		xpenses per i	Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		т	C 0 1	220
1	Total expenses and losses per audited financial statements			1	601	,228.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
ь	Prior year adjustments	2b				
С	Other losses	2c		4		
d	Other (Describe in Part XIII)	2d				0
е	Add lines 2a through 2d			2e	601	<u>0.</u> ,228.
3	Subtract line 2e from line 1			3	001	, 220.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	7 752			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,753.	-		
b	Other (Describe in Part XIII)	4b	· -		7	753
_C	Add lines 4a and 4b			4c 5	608	,753. ,981.
5 IDai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) TVXIII Supplemental Information.			1 3 T	000	, , , , , , ,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV lines 1h ar	d 2h Part V line /	L Part Y	line 2 Part Y	<u>'</u>
	de the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad			, rait A,	mie z, rait A	ν,
III IES	20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide any ad	ullional imorna	tion.			
PAF	RT V, LINE 4:					
	(I V) DIME 2.					
тнг	E ENDOWMENT IS RESTRICTED FOR SCHOLARSHIPS	TO THE	UNDERGRAD	UATE		
	MINORIAL ID MADIMACIAN IOM DOMOGRAMMILIE		<u> </u>			
FRA	ATERNITY INSTITUTE. EARNINGS FROM THE END	OWMENT A	RE AVAILE	LE F	OR	
						
SPE	ENDING AND ARE CONSIDERED TEMPORARILY REST	RICTED.	THERE IS	NO	CURRENT	
PL	AN FOR EXPENDITURE OF THE AVAILABLE FUNDS.					
PAF	RT X, LINE 2:					
		-				
THE	FOUNDATION IS ORGANIZED AS A NOT-FOR-PRO	FIT CORE	ORATION U	NDER	SECTIO	N
501	(C)(3) OF THE UNITED STATES INTERNAL REVE	NUE CODE	AND CORR	ESPO	NDING	
STA	TTE LAW					

Schedule D (Form 990) 2017 FOUNDATION FOR FRATERNAL EXCELLENCE, INC 35-1873572 Page 5
Part XIII Supplemental Information (continued)
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND
RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN
POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION
BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED
THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF
AUGUST 31, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR
EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR
DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.
THE FOUNDATION HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR
PERIODS THROUGH AUGUST 31, 2017, AND IS SUBJECT TO ROUTINE AUDITS BY
TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS
WERE AVAILABLE TO BE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN
PROGRESS. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY
THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER
OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED
EXTENSIONS).

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number

35-1873572 INC FOUNDATION FOR FRATERNAL EXCELLENCE,

% ⊠ (h) Purpose of grant or assistance HEALTH AND SAFETY Yes 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 INITIATIVE Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 150,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 35-1871701 501(C)(6) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DRIVE NO 116 - CARMEL, IN 46032 NORTH-AMERICAN INTERFRATERITY CONFERENCE INC - 865 W CARMEL or government Part I Ili µe`d|

Schedule 1 (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 35-1873572 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Schedule | (Form 990) (2017) FOUNDATION FOR FRATERINAL BACELLLA (1940) (2017) FOUNDATION FOR FRATERINAL BACELLA (1940) (2017) FOUNDATION FOR Sistemace to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed ö (d) Amount of non-cash assistance 10,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS 732102 11-01-17

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

FOUNDATION FOR FRATERNAL EXCELLENCE, INC 35-1873572

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		_	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			İ
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization			
_	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
U	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	70		
	Tes to any or lines 4a-c, list the persons and provide the applicable amounts for each item in a artification			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a_		X
þ	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			: 1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

							i i	_ L_
		(b) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(a)(a)	g b
(1) JUDSON HORRAS	Ξ	30,879.	0	0	0	0	30,879.	0
PRESDENT & CEO	Ξ	238,	0	0.	12,132.	21,695.	272,631.	0
	Ξ							
	Ξ							
	(1)							
	▣							
	(1)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	ε							
	€							
	Ξ							
	∷							
	Ξ							
	(ii)							
	(3)							
	(E)							
	Ξ							
	Ξ							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	Ξ							
	Ξ		•					
	Ξ							
	Ξ							
	▣							
							Sched	Schedule J (Form 990) 2017
732112 10-17-17								

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Name of the organization

FOUNDATION FOR FRATERNAL EXCELLENCE, INC **Employer identification number** 35-1873572

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

FOUNDATION FOR FRATERNAL EXCELLENCE, INC

Employer identification number 35-1873572

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled entity? ĝ × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets status (if section 501(c)(3)) **e** Public charity Total income Exempt Code Ð section 501(C)(6) Ð Legal domicile (state or Legal domicile (state or foreign country) foreign country) INDIANA ADVOCATE/EDUCATE MEMBER Primary activity Primary activity PRATERNITIES or Paperwork Reduction Act Notice, see the Instructions for Form 990. INC - 35-1871701, 865 W CARMEL DRIVE NO 116, NORTH-AMERICAN INTERFRATERNITY CONFERENCE Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity CARMEL, IN 46032 Part II

35-1873572 Page 2

FOUNDATION FOR FRATERNAL EXCELLENCE, INC Schedule R (Form 990) 2017

| 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

(k)	General or Percentage managing ownership partner?										
6	seneral or nanaging partner?	Yes No	 							_	
3	Code V-UBI amount in box "	K-1 (Form 1065)								-	
Ξ	onate 157	Š									
_	Disprop	Yes	 								
(6)	Share of end-of-year	desers									
6	Sha										
(e)	Predominant income (related, unrelated, exclined from tax under	sections 512-514)									
(p)	Direct controlling entity										
<u> </u>	Legal domicile (state or	foreign country)									
(Q)	Primary activity		•								
(a)	Name, address, and EIN of related organization										

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

organizations treated as a corporation or trust doring the tax year	uning me tax year							
(a)	(q)	(0)	(p)	(e)	(J)	(6)	(F)	(1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	ర్	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		(Agunos		or trust)		assets		Yes No
WORKS, INC 81-4484260								
865 W CARMEL DRIVE, NO 116	PROFESSIONAL EMPLOYER							
CARMEL, IN 46032	ORGANIZATION	IN	N/A	C CORP	N/A	N/A	N/A	×
CENTER FOR PRATERNAL EXCELLENCE, INC								
81-4465551, 865 W CARMEL DRIVE, NO 116,	T							
CARMEL, IN 46032	NETWORKING	IN	N/A	c corp	N/A	N/A	N/A	×
					•			
						_		
	Γ							

Schedule R (Form 990) 2017

₽ ۲ 7 **1**e

13

= ㅁ ŧ ÷

Part V

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

	7
	4
	7
	į
	1
	;
	ì
	•
	4
	:
	1
	9
	3
	- 1
	:
ø	ì
⋾	-
8	1
Ķ	;
ŭ	÷
ō	\$
₽	9
	7
~	7
-	1
ō	8
<u>=</u> -	ì
	7
=	è
£	ì
ਗ਼	5
<u> </u>	`,
⊑	Ġ
Ď	ŧ
ž.	
¥	5
Ω	Š
₽	Č
₹	۶
ĕ	7
≥	3
ซี	7
=	ċ
-	٤
ခု	5
=	Transfer the territory and the encounterference of the following the following the feet of the
ę	0
ē	ŧ
臣	Ċ
5	Ş
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	į
ote: C	_
ž	
¥	Ŧ

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- J Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

10

ㅁ

÷

Ξ Ę 9

=

¥

- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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	no must complete the	s line, including covered re	lationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NORTH-AMERICAN INTERFRATERNITY CONFERENCE, (1) INC.	0	126,044.ACTUAL	ACTUAL
NORTH-AMERICAN INTERFRATERNITY CONFERENCE, (2) INC.	Д	137,171. ACTUAL	ACTUAL
NORTH-AMERICAN INTERFRATERNITY CONFERENCE, (3) INC.	В	150,000. ACTUAL	ACTUAL
(4)			
(5)			With the second
(9)			
732163 09-11-17			Schedule R (Form 990) 2017

Page 4

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

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

(a) (b) (c) (d) (d)	(q)	(c)		Are all	(1)	(g)	(F)	(i)	(9)	(k)
name, address, and Ein of entity	Primary activity	(state or foreign country)	redominant income par (related, unrelated, 5) excluded from tax under sections 512-514)	501(c)(3) 0rgs 7	share of total income	Share of end-of-year assets	tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No	managing partner?	ownership
							_			
				-						
				-						
								İ		
									-	
				†			+			
							-			
				<u>.</u>						
						•				
	•			_						
										_
				7						
								Schedule	R (For	Schedule R (Form 990) 2017

Schedule R	Form 990	o) 2017 emental inf		DATION	FOR F	RATERI	ANT EV	CELLENCE	, IN	<u>C 35-</u>	18/.	35 / 2 Page 5
		additional info		sponses to d	guestions o	n Schedule	R See inst	ructions				
·												
PART I	V, ID	ENTIFIC	ATION C	F RELA	TED O	RGANIZ	ATIONS	TAXABL	B AS	CORP	OR	TRUST:
											_	
	- 557	1.000 OD	CANTEA	TON.						-		
NAME O	r KEL	ATED OR	GANIZA	:ION:								
WORKS,	INC.							-				
DIRECT	СОИТ	ROLLING	: ENTTT\	T: CENT	אי איי	R FRAT	ERNAI.	EXCELLE	NCE.	INC.		
DIRECT	COLVE	<u> </u>	LIVILII						,,,,		 .	
	-											
		-										
			<u> </u>									
											-	
												
			-									
	•											
											· · · · ·	<u>.</u>
			-1									
												
-			· -									
							<u> </u>			<u> </u>		<u> </u>