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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2008 Open to Public Inspection

| _ | | 7/01/00 | | | | | |
|---|--------------------|--|--------------------|---------------------------------------|----------------------------------|--|--|
| <u>A</u> _ | | calendar year, or tax year beginning 7/01/08, and ending 6/30/09 le Please C Name of organization PHI ETA SIGMA NATIONAL HONOR | | | | | |
| B | Check if applicabl | 1mal | | D Employ | er identification number | | |
| 닠 | Address change | label or SOCIETI INC. | | <i>c</i> | 006450 | | |
| | Name change | print or Doing Business As | - | | L286470 | | |
| | Initial return | | 1 | • | ne number | | |
| 一 | | See Specific 1906 COLLEGE HEIGHTS BLVD City or town, state or country, and ZIP + 4 | 11062 | 270-745-6540 | | | |
| 님 | Termination | G Gross receipt | 2,600,736 | | | | |
| ╚ | Amended return | tions. BOWLING GREEN KY 42101-1062 | | | | | |
| | Application pendi | Ing F Name and address of principal officer | | H(a) Is this a զ | | | |
| | | | 1 | affiliates? H(b) Are all af | filiates - | | |
| | | | | included | Yes No | | |
| | | | | If "No," a | ttach a list. (see instructions) | | |
| <u>_</u> | Tax-exempt st | | | | | | |
| <u>J</u> | Website: | | | | emption number | | |
| | Type of organiza | | ar of formation | <u> </u> | State of legal domicile | | |
| | Υ | Summary | | | | | |
| | | y describe the organization's mission or most significant activities | | | | | |
| æ | To | encourage academic excellence | | | | | |
| anc | | | | | | | |
| Ë | | _ | | | | | |
| <u> </u> | 2 Check | k this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25 | 5% of its assets | | | | |
| 2010 | 3 Numb | per of voting members of the governing body (Part VI, line 1a) | | 3 | | | |
| es | 4 Numb | per of independent voting members of the governing body (Part VI, line 1b) | | 4 | | | |
| JAN 0 7 2010 Activities & Governance | 5 Total | number of employees (Part V, line 2a) | | 5 | | | |
| _ t | 6 Total | number of volunteers (estimate if necessary) | | 6 | | | |
| ⊻՝ | 7a Total | gross unrelated business revenue from Part VIII, line 12, column (C) | | 7a | | | |
| | b Netur | nrelated business taxable income from Form 990-T, line 34 | | 7b | 0 | | |
| \Box | | | Prior Year | | Current Year | | |
| SCANNED Revenue | 8 Contri | ibutions and grants (Part VIII, line 1h) | | 100 | 50 | | |
| CANN | 9 Progra | am service revenue (Part VIII, line 2g) | | ,444 | 614,920 | | |
| ₹ % | 10 Invest | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | ,667 | -108,862 | | |
| S. F | 11 Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | ,715 | 60,498 | | |
| _ | 1 | revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | ,926 | 566,606 | | |
| | 1 | s and similar amounts paid (Part IX, column (A), lines 1-3) | 219 | ,250 | 222,750 | | |
| | | fits paid to or for members (Part IX, column (A), line 4) | | | | | |
| 8 | 15 Saları | les, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 86 | ,712 | 102,050 | | |
| Expenses | 16a Profes | ssional fundraising fees (Partrix, column (A), line 11e) | | <u> </u> | | | |
| ă | b Total t | fundraising expenses (Part IX, column 4D), Vine-25) | | | | | |
| ш | I II Oulei | expenses (Part IX, column (A), lines 11a-11d, 11f-24 | | ,849 | 335,613 | | |
| | 18 Total | expenses Add lines 3-17 (must equal Bart [X) column (A), line 25) | | ,811 | 660,413 | | |
| _ | 19 Rever | nue less expenses. Subtract line 18 from line 12 | 53 Beginning of | ,115 | - 93 , 807 End of Year | | |
| Net Assets or | E 20 Tatal | assets (Part X, line 16) UGDEN UT | 4,673 | | 4,581,646 | | |
| ASS. | 20 Total | | | ,500 | 8,000 | | |
| Net. | 21 TOTAL | liabilities (Part X, line 26) ssets or fund balances. Subtract line 21 from line 20 | 4,667 | | 4,573,646 | | |
| | | Signature Block | 4,007 | , 433 | 4,373,040 | | |
| | | - | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations. | | | | | |
| ٥: |] | 11 11 | , , , , | 1 12 -11 | - 00 | | |
| | gn | - m Whombut | . | 12-10 | <i>₽-</i> 09 | | |
| He | re | Signature of officer JOHN W. SAGABIEL Grand Secretary-Treas | | Date | | | |
| | | | urer_ | | · | | |
| | | Type or print name and title | <u> </u> | ī | Preparer's identifying number | | |
| Pa | ואו | Preparer's Agg/ Cat T COA | Check if self- | E | (see instructions) | | |
| | eparer's | signature 7/12/15 | /09 employed | | P00380864 | | |
| | • | Firm's name (or yours \ Joe W Taylor, CPAs | | EIN I | ▶ 61-1253426 | | |
| U | | if self-employed), P.O. Box 1238 | | Phone | | | |
| _ | | address, and ZIP+4 Bowling Green, KY 42102-1238 | | no 🕨 | 270-781-0324 | | |
| Ma | y the IRS disc | cuss this return with the preparer shown above? (see instructions) | | | X Yes No | | |

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|--|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | 37 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | 4 | | |
| 3 | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | <u> </u> | | |
| ٠ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 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; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | _X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VIII, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Х | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 140 | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| - | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| | Schedule J | 23 | | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | | ł | 3.5 |
| | 24b–24d and complete Schedule K If "No," go to question 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | \dashv | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 240 | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | ļ | Х |
| ь | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | |
| - | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | t | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Х |
| | | _ | aga / | |

| P | art IV Checklist of Required Schedules (continued) | | | |
|----|---|-----|-----|----|
| | | , | Yes | No |
| 28 | Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee: | l | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | 1 |
| | employee), or an indirect business relationship through ownership of more than 35% in another entity | | | 1 |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | ŧ | 1 |
| | Part IV . | 28a | | X |
| þ | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," | | | |
| | complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a | | | ł |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | 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 | | | |
| | 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, Parts II, | | | |
| | III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| | Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | | | | |

Form 990 (2008)

| Pa | irt V Statements Regarding Other IRS Filings and Tax Compliance | | • | | |
|-------------|--|----------------|--|------------|----------|
| | | | | Y | s No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 1 | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | | - | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | 1 | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | ortable | | | |
| | gaming (gambling) winnings to prize winners? | | 1 | c | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax |] [| | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2 | b | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | |
| | instructions) | | | 1 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | d by | | | |
| | this return? | | _ 3 | а | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3 | b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fina | ancial | | | |
| | account)? | | 4 | a | X |
| b | If "Yes," enter the name of the foreign country: | | | 1 | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B | Bank | | | |
| | and Financial Accounts. | | | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | _5 | а | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | 5 | b_ | X |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | | |
| | Regarding Prohibited Tax Shelter Transaction? | | _5 | С | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | _6 | a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | - 1 | |
| | gifts were not tax deductible? | | _6 | <u>ь</u> | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more | than | | - | |
| | \$75? | | | a | X |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | _ 7 | b _ | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | S | | | |
| | required to file Form 8282? | 1 (| _ 7 | <u>c </u> | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | - | |
| 8 | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe | ersonal | | - | |
| | benefit contract? | | | e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | ict? | | f | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7 | 9 | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C | as | ļ _ | | 1,, |
| _ | required? | | <u> </u> | h | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec | | | 1 | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon | soring | | | |
| _ | organization, have excess business holdings at any time during the year? | | <u> </u> | - | <u> </u> |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | _ | 1 |
| a | Did the organization make any taxable distributions under section 4966? | • | | a | X X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9 | b | - -^- |
| 10 | Section 501(c)(7) organizations. Enter: | امما | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| _ b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | 1446 | | 1 | |
| a | Gross income from members or shareholders | 11a | | 1 | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 445 | | I | |
| 40- | amounts due or received from them) | 11b 10412 | | , [| |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 F | 12 | 2a | |
| <u>_b</u> _ | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | ŧ | |

Form 990 (2008) PHI ETA SIGMA NATIONAL HONOR 61-1286470 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies Yes No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

20 organization ▶ MARJORIE SAGABIEL 1906 COLLEGE HEIGHT

BOWLING GREEN

KY 42101

270-745-6540

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

| (A) Name and Title | (B) Average | | | check | C) call ti | hat ap | ply) | (D) Reportable | (E) Reportable | (F) Estimated |
|-----------------------------|-------------------|-----------------------------------|--|--|---------------|--|----------|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Dr. B.J. Ale | xander | | | | | | | | | · <u> · -</u> |
| <u>Grand Presid</u> | | | | | | _ | | 0 | 0 | (|
| Molly M. Law | rence | | | | | | | | | |
| Grand Vice P Dr. John W. | G | | ┝ | - | | | - | 0 | 0 | (|
| Grand Secret | Sagabiei | | ļ | | | | l | ol | o | (|
| Dr. Kyle Ses | sions | - | | - | - | \vdash | | J | | |
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| _Pa | irt VII Section A | N. Officers, Directors, Trus | stees | , Ke | y En | ibio | yees | , and | d Highest Compensated E | mployees (continued) | | | | | | |
|-------|--|----------------------------------|-------------|-------|-----------|------|------------------------------|----------|---|--|------------------------|--|----------------|--|--|--|
| | · (A) | (B) | | | | C) | | | (D) | (E) | | (F) | | | | |
| | Name and title | Average hours per week | or director | _ | Officer | | Highest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | com fr org an | amount of other compensation from the organization and related organizations | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | † · · · - | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | • | | | | | | | | | | | | · <u>-</u> | | | |
| | • | | | | | | | | | | | | | | | |
| 1b | Total | | | | | | | • | | | | | | | | |
| 2 | Total number of indicorganization ▶ 0 | viduals (including those in | 1a) v | vho i | recei | ved | more | tha | n \$100,000 in reportable co | ompensation from the | | | | | | |
| | organization > 0 | <u>-</u> | | | | | _ | | | | | TY | es No | | | |
| 3 | | | | | | | | | ee, or highest compensate | d | | | | | | |
| 4 | For any individual lis | | of rep | oorta | ble d | comp | ens | ation | and other compensation from the complete Schedule J for | | | 3 | X | | | |
| _ | individual | d an line 1e markin ar an | | | | .4: | 6 | | | | - | 4 | <u> </u> | | | |
| 5 | | the organization? If "Yes, | | | | | | | unrelated organization for such person | | | 5 | <u> x</u> | | | |
| | ction B. Independent | | | | | | | | | | | | | | | |
| 1 | complete this table compensation from | | ensat | ed ir | ndep | ende | ent c | ontra | actors that received more th | | | | | | | |
| | | (A) Name and business address | | | | | | | Descrip | (B) tion of services | | Comp | C) ensation | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 | Total number of inde | ependent contractors (inclu | iding | thos | e in | 1) w | ho re | eceiv | red more than \$100,000 in | | | | | | | |
| DAA | Compensation nom | uio organization 🚩 | | | | - | | | | | | 0 | 90 (2008 | | | |

| Pa | rt V | Iff Statement of Rev | enue | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
|--|--------|--|-------------|--------------|-------------|----------------------|---|---|--|
| 60 60 | 4 - | Fadarated comparant | 40 | | | | revenue | | 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | | Federated campaigns | 1a | | | | | | |
| g o | | Membership dues | 1b | | | | | | |
| r fs, | | Fundraising events | 1c | | | | | | |
| <u>.e.e</u> | | Related organizations | 1d | | | , | | | |
| Sis | | Government grants (contributions) | 1e | | | | 1 | | |
| 돌 | T | All other contributions, gifts, grants, and similar amounts not included above | 1f | | 50 | | | | |
| 불 | _ | L | | | | | | | |
| ağ | | Noncash contributions included in lines 1 Total. Add lines 1a–1f | а-п Ф | | | 50 | ŀ | | |
| 9 | - '' | Total. Add lines 1a-11 | <u> </u> | | Busn. Code | 30 | | ····· | |
| 티 | 2a | Initiation Fees - | Conomal | l Ed | Bush. Code | 516,145 | 516,145 | | |
| ě | b | Initiation Fees - | | | | 73,735 | 73,735 | | |
| 8 | | | | is ru | | 23,164 | 23,164 | | |
| 2 | c d | Clothing/Jewelry S | | | | 960 | 960 | | |
| Š | a | Program Covers & C | | | | 432 | 432 | | |
| Program Service Revenue | | Certificate Income All other program service rev | | | | 432 | 432 | | |
| Po | | Total. Add lines 2a–2f | cilue | | | 614,920 | 104 | | |
| \dashv | | | dvadeno | te interes | | 014,520 | 1 | | |
| | • | other similar amounts) | divident | 13, IIIICI C | st, and ▶ | -102,908 | -102,908 | | |
| | 4 | Income from investment of ta | v.evemn | t bond or | • | -102,500 | -102,500 | | |
| | 5 | Royalties | x-exemp | t bona pi | bocceus P | | | | |
| | • | (ı) Real | | (u) P | ersonal | | | | |
| | 6a | Gross Rents | | (, | 0.00.10. | | | | |
| | | Less rental exps | + | | | | | | |
| | | Rental inc or (loss) | | | <u>-</u> | | ` | | |
| | d | Net rental income or (loss) | L | | • | 3 | Ì | | İ |
| | | Gross amount from (i) Securiti | es | (n) | Other | | | · | |
| | | sales of assets other than inventory 2,028 | | | | | 1 | | |
| | b | Less cost or other | , | | - | | | | |
| | _ | basis & sales exps 2,034 | 130 | | | | | | |
| | С | | ,954 | | | - | 1 | | |
| | | Net gain or (loss) | 71 | | • | -5,954 | -5,954 | | |
| | | Gross income from fundraising eve | ents [| _ | | | | | 1 ' |
| | | (not including \$ | | | | | | | |
| Ę | | of contributions reported on line 10 | :) | | | | | | |
| <u>۾</u> | | See Part IV, line 18 | a a | | | | 1 | | |
| Other Revenue | b | Less: direct expenses | ь | | | [| 1 | | |
| 됩 | | Net income or (loss) from fun | | events | • | [| 1 | | |
| | | Gross income from gaming activiti | | | | | 1 | | |
| | | See Part IV, line 19 | а | | | | 1 | | |
| } | b | Less: direct expenses | . p | | | | | | |
| | | Net income or (loss) from gar | ning activ | vities | • | | | | |
| | | Gross sales of inventory, less | | | | | | | |
| | | returns and allowances | a | | | | 1 | | |
| | b | Less: cost of goods sold | ь[| | | | Ī | | , |
| | | Net income or (loss) from sale | es of inve | entory | • | | | | |
| | | Miscellaneous Revenu | | | Busn. Code | | - First | | |
| | 11a | MBNA Income - Founde | r's fu | nd | | 60,498 | 60,498 | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | e | Total. Add lines 11a-11d | | | • | 60,498 | | | |
| | 12 | Total Revenue. Add lines 1h. | , 2g, 3, 4, | , 5, 6d, 7d | i, 8c, | | | | |
| | | 9c, 10c, and 11e | | | • | 566,606 | 566,556 | | 0 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|--------|--|-----------------------|---|-------------------------------------|--------------------------------|--|--|--|--|--|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to governments and | - | - T | | | | | | | |
| • | organizations in the U.S. See Part IV, line 21 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | |
| 2 | the U.S. See Part IV, line 22 | 222,750 | 222,750 | | | | | | | |
| | • | 222,130 | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | | |
| | U S. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | 86,712 | | 86,712 | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | | | | | | |
| | and section 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | 15,338 | | 15,338 | | | | | | |
| 11 | Fees for services (non-employees): | 23,330 | | 23,330 | | | | | | |
| | Management | | | | | | | | | |
| a b | Legal | | | | | | | | | |
| | - | 7,000 | | 7,000 | | | | | | |
| c | Accounting | 7,000 | | 7,000 | | | | | | |
| a | Lobbying | | *************************************** | | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other | | | | | | | | | |
| 12 | Advertising and promotion . | | | ·· | , . , | | | | | |
| 13 | Office expenses | | | | | | | | | |
| 14 | Information technology . | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | 215 | | 215 | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 20,673 | | 20,673 | | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 3,788 | 3,788 | | , | | | | | |
| 23 | Insurance | 3,700 | 3,700 | | | | | | | |
| 23 | mourance | | | | | | | | | |
| 24 | Other expenses Itemize expenses act | | | | | | | | | |
| 24 | Other expenses. Itemize expenses not | | | | | | | | | |
| | covered above. (Expenses grouped together | | 1 | | | | | | | |
| | and labeled miscellaneous may not exceed | | | | | | | | | |
| | 5% of total expenses shown on line 25 below.) | 101 110 | 30 35- | 00 550 | | | | | | |
| а | Office Expense | 131,412 | 32,853 | 98,559 | | | | | | |
| b | Cost of Goods Sold | 57,012 | 57,012 | | | | | | | |
| С | Printing & Publications | 51,884 | 51,884 | | | | | | | |
| d | National Convention Expen | 28,865 | 28,865 | | | | | | | |
| 0 | Certificate of Engrossing | 26,662 | | 26,662 | | | | | | |
| f | All other expenses | 8,102 | 2,711 | 5,391 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 660,413 | 399,863 | 260,550 | | | | | | |
| 26 | | , | • | | | | | | | |
| - | SOP 98-2 Complete this line only if the | | | | | | | | | |
| | organization reported in column (B) joint costs | | | | | | | | | |
| | from a combined educational campaign and fundraising solicitation | | | | | | | | | |
| DAA | | <u> </u> | <u></u> | I | Form 990 (2008 | | | | | |

| P | art X | Balance Sheet | | | | | | | | | |
|-------------|--|---|-----------|------------------------------|-----------------------|-----|--------------------|---------|--|--|--|
| | | | | | (A) Beginning of year | | (B) End of year | | | | |
| | 1 | Cash—non-interest bearing | | | 407,732 | 1 | 494 | , 200 | | | |
| | 2 | Savings and temporary cash investments | | | 371,464 | 2 | 150 | | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | | | |
| | 4 | Accounts receivable, net | | Ţ. | 70,122 | 4 | 61, | , 928 | | | |
| | 5 | Receivables from current and former officers, directors, | trustees, | , key | - | | | | | | |
| | | employees, or other related parties. Complete Part II of S | Schedule | e L | _ | 5 | | | | | |
| | 6 | Receivables from other disqualified persons (as defined | under se | ection | , | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(| B) Com | plete | | | | | | | |
| | | Part II of Schedule L | | | | 6 | | | | | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | | | | | |
| Assets | 8 | Inventories for sale or use | | _ | 57,562 | 8 | 42, | 825 | | | |
| Ą | 9 | Prepaid expenses and deferred charges | | Ļ | | 9 | | | | | |
| | 10a | Land, buildings, and equipment cost basis | 10a | 29,984 | | | | | | | |
| | b | Less: accumulated depreciation Complete | | | | | | | | | |
| | | Part VI of Schedule D | 10b | 22,182 | 10,136 | 10c | | , 802 | | | |
| | 11 | Investments—publicly traded securities | | <u> </u> | 3,744,292 | 11 | 3,784 | , 089 | | | |
| | 12 | Investments—other securities See Part IV, line 11 | | <u>_</u> | | 12 | | | | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | <u> </u> | | 13 | | | | | |
| | 14 | Intangible assets | | L | | 14 | | | | | |
| | 15 | Other assets. See Part IV, line 11 | | - | 12,645 | 15 | | 769 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | 1) | | 4,673,953 | 16 | 4,581 | | | | |
| | 17 | Accounts payable and accrued expenses | | <u> </u> | 6,500 | | 8, | ,000 | | | |
| | 18 | Grants payable | | - | | 18 | | | | | |
| | 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 | | | | | | | | | | |
| S | 20 | Tax-exempt bond liabilities | | <u> </u> | | 20 | | | | | |
| tie | 21 | Escrow account liability Complete Part IV of Schedule D | | - | | 21 | | | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustee | - | | | | | | | | |
| ā | | employees, highest compensated employees, and disqu | aimed | | | | | | | | |
| | | persons Complete Part II of Schedule L | | • - | | 22 | | | | | |
| | 23 | Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable | parties | . - | | 23 | | | | | |
| | 24 25 | • • | | - | | 25 | | | | | |
| | 26 | Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 | | <u> </u> | 6,500 | 26 | Ω | , 000 | | | |
| <u></u> | 20 | | X and | | 0,300 | 20 | | , 000 | | | |
| nces | | complete lines 27 through 29, and lines 33 and 34. | A and | | | | | | | | |
| an | 27 | Unrestricted net assets | | | 2,890,678 | 27 | 3,006, | 963 | | | |
| Balar | 28 | Temporarily restricted net assets | | <u> </u> | 270307070 | 28 | 3,000, | , , , , | | | |
| P | 29 | Permanently restricted net assets | | <u> </u> | 1,776,775 | 29 | 1,566, | 683 | | | |
| or Fund | - | Organizations that do not follow SFAS 117, check her | re 🕨 🗂 | ነ 📑 | <u> </u> | | 2/000 | | | | |
| F | | and complete lines 30 through 34. | | _ | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | • | 30 | | | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment | t fund | <u> </u> | | 31 | | | | | |
| SS | 32 | Retained earnings, endowment, accumulated income, or | | ınds · – | | 32 | | | | | |
| it A | 33 | Total net assets or fund balances | | | 4,667,453 | 33 | 4,573, | 646 | | | |
| Net | 34 | Total liabilities and net assets/fund balances | | | 4,673,953 | 34 | 4,581, | | | | |
| P | art X | | | | | | | | | | |
| | | | 1 | | | | Yes | No | | | |
| 1 | | | , | X Accrual Oth | | | | 1,, | | | |
| 2 | | ere the organization's financial statements compiled or rev | • | - | nt? | | 2a | X | | | |
| k | | ere the organization's financial statements audited by an in | | | | | 2b | X | | | |
| • | | Yes" to lines 2a or 2b, does the organization have a comm | | | | | | | | | |
| _ | | e audit, review, or compilation of its financial statements a | | | | | _2c | + | | | |
| 3 | | a result of a federal award, was the organization required | to unde | rgo an audit or audits as se | t torth in | | | | | | |
| | | Single Audit Act and OMB Circular A-133? | | | • | | 3a | + | | | |
| | <u>) "</u> | Yes," did the organization undergo the required audit or a | udits? | | | | 3b | | | | |

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PHI ETA SIGMA NATIONAL HONOR

SOCIETY INC

Employer identification number 61-1286470

| Pa | ırt F | Reas | on for Public Charity | Status (All organizations | must c | omplete | e this r | oart.) (| see in | struct | ions) | | |
|-----|---|----------------|--------------------------------|--|--|--|------------|------------------|--------------|------------|----------|----------|----|
| | | | | e it is (Please check only one o | | | | / \ | | | | | |
| 1 | П | | | ociation of churches described in | - | • | (A)(i). | | | | | | |
| 2 | П | | cribed in section 170(b)(1)(| | | | V/V-/- | | | | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) | | | | | | | | | | | | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | | |
| • | | | | | | | | | | | | | |
| 5 | City, and state An example to a position operated for the honefit of a college or unwersity owned or operated by a governmental unit described in | | | | | | | | | | | | |
| Ð | 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.) | | | | | | | | | | | | |
| _ | 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). | | | | | | | | | | | | |
| 6 | 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 | | | | | | | | | | | | |
| 7 | Ш | - | · | • | m a govei | mmental ı | unit or fr | om the g | jeneral | public | | | |
| | $\overline{}$ | described in s | section 170(b)(1)(A)(vi). (Co | omplete Part II.) | | | | | | | | | |
| 8 | Ш | A community | trust described in section 1 | 70(b)(1)(A)(vi). (Complete Part l | I.) | | | | | | | | |
| 9 | X | An organizati | on that normally receives (1 |) more than 33 1/3 % of its supp | ort from o | ontributio | ns, men | nbership | fees, a | nd gros | ss | | |
| | | receipts from | activities related to its exem | pt functions—subject to certain | exception | s, and (2) | no more | than 3 | 3 1/3 % | of its | | | |
| | | support from | gross investment income an | d unrelated business taxable in | come (les | s section | 511 tax) | from bu | sinesse | s | | | |
| | _ | acquired by tl | ne organization after June 30 | 0, 1975 See section 509(a)(2). | (Complete | e Part III.) | | | | | | | |
| 10 | | An organizati | on organized and operated o | exclusively to test for public safe | ty See se | ction 509 | 9(a)(4). (| see ınstı | ructions | ;) | | | |
| 11 | | An organizati | on organized and operated e | exclusively for the benefit of, to p | erform th | e function | s of, or | to carry | out the | | | | |
| | | purposes of o | ne or more publicly supporte | ed organizations described in se | ction 509 | (a)(1) or s | ection 5 | 09(a)(2) | . See s | ection | | | |
| | | 509(a)(3). Ch | eck the box that describes th | ne type of supporting organization | n and cor | nplete line | es 11e tl | rough 1 | 1h | | | | |
| | | a Type | I b ∏ Type II | c Type III–Functions | ally Integra | ated | d | Typ | e III–Ot | her | | | |
| е | \Box | | — · | — • | | | e or moi | | | | | | |
| | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section | | | | | | | | | | | | |
| | | | section 509(a)(2) | | , , , , , | | | | | | | | |
| f | | | | rmination from the IRS that it is | a Type L 1 | Type II. or | Type III | support | ına | | | | |
| • | | | check this box | | а турст, | , ypc 11, 01 | · ypc ··· | опрроге | y | | | | П |
| _ | | - | | ion accepted any gift or contribu | ition from | any of the | | | | | | | ш |
| g | | _ | _ | ion accepted any gift of contribe | idon nom | arry or the | • | | | | | | |
| | | following per | | | 41 | | | | | | | <u> </u> | Γ |
| | | | • | ntrols, either alone or together v | vitri persoi | ns descrit | ea in (ii |) | | | 44-73 | Yes | No |
| | | | • • • | the supported organization? | | | | | | | 11g(i) | | _ |
| | | | member of a person describ | '' | | | | | | | 11g(ii) | | - |
| | | | ontrolled entity of a person d | | | | | | | | 11g(iii) | L | |
| h | | Provide the f | ollowing information about the | ne organizations the organizatio | n supports | S | | | | | | | |
| (i) | Name | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | organization | (v) Did y | ou notify | (vi) l | sthe | (vii) Am | ount of | |
| | org | anization | | (described on lines 1–9 | 1 | sted in your | · · · · | ization in | organizat | | supp | ort | |
| | | | | above or IRC section (see instructions)) | governing | document? | col (I) | or your oort? | | zed in the | | | |
| | | | | (000 0000000000000000000000000000000000 | Yes | No | Yes | No | Yes | No | | | |
| | | | _ _ | | | | | | | | - | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | • | | | | | | | | | | | |

33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

61-1286470

(e) 2008

(d) 2007

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2004

(b) 2005

(c) 2006

| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 584,500 | 594,081 | 574,761 | 567,661 | 589,930 | 2,910,93 |
|-----------|--|----------|-----------------------|------------------------|-------------------------------------|---------------------|------------------------|
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 21,257 | 18,601 | 27,195 | 24,883 | 25,040 | 116,976 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | 605,757 | 612,682 | 601,956 | 592,544 | 614,970 | 3,027,909 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | 12,506 | 9,738 | 18,232 | 16,050 | 16,535 | 73,061 |
| - | Add lines 7a and 7b | 12,506 | 9,738 | 18,232 | 16,050 | 16,535 | 73,061 |
| 8 | Public support (Subtract line 7c from line 6.) | 593,251 | 602,944 | 583,724 | 576,494 | 598,435 | |
| Sec | tion B. Total Support | <u>[</u> | | | | | 2,954,848 |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | 605,757 | 612,682 | 601,956 | 592,544 | 614,970 | 3,027,909 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 177,969 | 194,349 | 213,594 | 224,087 | 175,015 | 985,014 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | _177,969 | 194,349 | 213,594 | 224,087 | 175,015 | 985,014 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 91,385 | 79,278 | 80,784 | 66,715 | 60,498 | 378,660 |
| 13 | Total support. (Add lines 9, 10c, 11, | 875,111 | 886,309 | 896,334 | 883,346 | 850,483 | |
| | and 12.) | | | | | | 4,391,583 |
| 14 | First five years. If the Form 990 is for the | • | second, third, fourth | h, or fifth tax year a | as a section 501(c) | (3) | ٠, ٦ |
| <u></u> | organization, check this box and stop here | | | | - · - · · - · | | ▶ ∟ |
| | tion C. Computation of Public Su | | | (D) | | 45 | 55.5012.00 |
| 15 | Public support percentage for 2008 (line 8, Public support percentage from 2007 Sche | • • | • | (1)) | | 15 | 67.2843 % |
| 16 Soc | tion D. Computation of Investmen | | | | | 16 | 68.9710 % |
| | | | | oluma (fl) | | 47 | 22 4206 % |
| 17 18 | Investment income percentage for 2008 (III Investment income percentage from 2007) | | ·= | olumin (1 <i>))</i> | | 17 | 22.4296 % 21 2766 % |
| 18 19a | 33 1/3 % support tests—2008. If the organ | | | 4 and line 15 is m | ore than 33 1/2 % | | Z1 Z/66 % |
| 134 | 17 is not more than 33 1/3 %, check this bo | | | | | | ▶ 🗓 |
| b | 33 1/3 % support tests—2007. If the organ | | | | _ | | <u> </u> |
| IJ | line 18 is not more than 33 1/3 %, check th | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did | | - | • | | _ | |
| <u></u> | realisation in the organization did | | | -, and box a | | Sabadula A (Farm 00 | 10 as 000 EZ) 200 |

| Schedule A (Form 990 or 990-EZ) 2008 PHI ETA SIGMA | NATIONA | AL HONOR | 61-1286470 | Page 4 |
|---|---------|----------|------------|--------|
| Part IV Supplemental Information. Complete this Part II, line 17a or 17b; or Part III, line 12. | | | | |
| Part III, Line 12 - Other Income | Detail | | | |
| Other Revenue | \$ | 10,188 | | |
| Unrealized gain on investments | \$ | 0 | | |
| Unrealized loss on investments | \$ | 0 | | |
| MBNA Income | \$ | 368,472 | | |
| Royalty on jewelry sales | \$ | 0 | | |

SCHEDULE D · (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization Employer identification number PHI ETA SIGMA NATIONAL HONOR SOCIETY INC. 61-1286470 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| <u>Sche</u> | | <u>IGMA NATIONAL</u> | | | <u> 286470 </u> | | | age 2 |
|----------------|---|---|------------------------|------------------------|---|--------------|---------------|-------------|
| Pa | art III' Organizations Maintaining | Collections of Art, I | Historical Treas | ures, or Other | Similar Asset | s (continu | ued) | |
| 3 | Using the organization's accession and other items (check all that apply): | records, check any of the | following that are a s | significant use of its | collection | | | |
| а | Public exhibition | d Loan o | or exchange progran | ns | | | | |
| ь | Scholarly research | e Other | | | | | | |
| С | Preservation for future generations | _ | | | | | | |
| 4 | Provide a description of the organization's collection Part XIV | lections and explain how t | hey further the orgar | nization's exempt pu | ırpose ın | | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | | | | [| Yes | П | No |
| P ₈ | art IV Trust, Escrow and Custod | ial Arrangements. C | omplete if orgai | nization answe | red "Yes" to Fo | orm 990, | | |
| | Part IV, line 9, or reported a | | | _ | | | | |
| 1a | Is the organization an agent, trustee, custodia | in or other intermediary for | contributions or other | er assets not | · | ٦., | | |
| _ | included on Form 990, Part X? | | | | ι | Yes | Ш | No |
| þ | If "Yes," explain the arrangement in Part XIV a | and complete the following | table | | | | | |
| | | | | | | Amour | ıτ | |
| | | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | | - | $\overline{}$ | |
| | Did the organization include an amount on Fo | rm 990, Part X, line 21? | | | l | Yes | Ш | No |
| | b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. | | | | | | | |
| Pa | ert v Endowment Funds. Comp | | | | | | | |
| _ | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years ba | ick (e) Fou | ir years | раск |
| | Beginning of year balance | ····· | | | | | | ······ |
| b | Contributions | | | | | | | |
| С | Investment earnings or losses | | | | - | | | |
| đ | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | İ | | <u>l</u> | | |
| 2 | , | | | | | | | |
| а | a Board designated or quasi-endowment % | | | | | | | |
| | b Permanent endowment % | | | | | | | |
| C | c Term endowment ►% | | | | | | | |
| 3a | 3a Are there endowment funds not in the possession of the organization that are held and administered for the | | | | | | | |
| | organization by | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(II), are the related organizations | • | | | | 3b | L | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | |
| Pa | art VI Investments—Land, Buildi | | | | | | | |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other | 1 '' | epreciation | (d) Book | value | |
| 1a | Land | | | | | | | |
| b | Buildings | | 1 | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment . | | 1 | | | | | |
| | Other | | | , 984 | 22,182 | | | 802 |
| Total | I. Add lines 1a-1e (Column (d) should equal F | orm 990, Part X, column (E | 3), line 10(c).) | | > | | 7,3 | <u>802</u> |

| Schedule D (Form 990) 2008 PHI ETA SIGMA NATIONA | | 61-1286470 | Page 3 |
|---|--|-------------------------------|-------------------------------|
| Part VII Investments—Other Securities. See Form 99 | | | |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| (including name of security) | | Cost or end-of-year market va | alue |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | · - |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form 99 | 90, Part X, line 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | - | Cost or end-of-year market va | alue |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | (b) | Book value |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) | | > | |
| Part X Other Liabilities. See Form 990, Part X, line 2 | 25. | | |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | | | |
| In Part XIV, provide the text of the footnote to the organization's financial sta | tements that reports the org | janization's liability for | |
| uncertain tax positions under FIN 48 | | • | |

| Sche | edule D (Form 990) 2008 PHI ETA SIGMA NATIONAL HONOR | | 61-12864 | 70 | Page 4 |
|-------|--|---------|---------------------|----------|-------------|
| P | art XI Reconciliation of Change in Net Assets from Form 990 t | o Fina | ncial Statements | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | 566,606 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 660,413 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | -93,807 |
| 4 | Net unrealized gains (losses) on investments | | | 4 | |
| 5 | Donated services and use of facilities | | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments | | • | 7 | |
| 8 | Other (Describe in Part XIV) | | | 8 | |
| 9 | Total adjustments (net) Add lines 4-8 | | | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | • | • | 10 | -93,807 |
| Ρŧ | art XII Reconciliation of Revenue per Audited Financial Statem | ents W | /ith Revenue per Re | turn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 566,606 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| | Donated services and use of facilities | 2b | | 7 | |
| | | 2c | | 7 | |
| | Other (Describe in Part XIV) | 2d | | 7 | |
| e | Add lines 2a through 2d | | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 566,606 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 1 | - | 300,000 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | | 4b | - · · · · · | 1 | |
| | Add lines 4a and 4b | 40 | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) | | | 5 | 566,606 |
| | art XIII Reconciliation of Expenses per Audited Financial Stater | nents \ | With Expenses per I | | |
| 1 | Total expenses and losses per audited financial statements | iiciita | With Expenses per i | 1 | 660,413 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | : | 000,413 |
| | | ء ا | 1 | 1 | |
| a | Donated services and use of facilities | 2a | | - | |
| | Prior year adjustments | 2b | | - | |
| | Losses reported on Form 990, Part IX, line 25 | 2c | | - | |
| đ | , | 2d | | ┧ 。 ┆ | |
| _ | | | | 2e | 660 412 |
| 3 | Subtract line 2e from line 1 | 1 | 1 | 3 | 660,413 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | -} | |
| | Other (Describe in Part XIV) | 4b | | - | |
| _ | Add lines 4a and 4b | | | 4c | 660 412 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | | 5 | 660,413 |
| | art XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, i | | | | |
| ind : | 2b, Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d | and 4b. | | | |
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| Schedule D (F | orm 990) 2008 | PHI ETA | A SIGMA NATIO | NAL HUNUR | 61-1286470 | Page 5 |
|---------------|---------------|--------------|------------------|----------------|--------------|----------|
| Part XfV | Suppleme | ntal Informa | tion (continued) | | | |
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

OMB No 1545-0047 2008

Open to Public Inspection

| Name of the | Name of the organization PHI ETA SIGMA NATIONAL HONOR | NAL HONOR | | | | Employer | Employer Identification number | er | |
|-------------|---|----------------------|-----------------------------|--------------------------|---|------------------------------------|-----------------------------------|---------------------------------------|---------|
| | SOCIETY INC. | | | | | 61-12 | 61-1286470 | | |
| Parti | General Information on Grants and Assistance | Assistance | | | | | | | |
| 1 Doe | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | e amount of the gra | ints or assi | stance, the grantees' e | eligibility for the grants | or assistance, and | | X X | N EX |
| 2 Desc | inbe i | toring the use of gr | rant funds | in the United States | | | | | |
| Part | | vernments and | l Organi seived m | zations in the Un | ited States. Com Check this box if | plete if the organo one recipie | anization answa nt received mo | ered "Yes" on re than \$5,000. Use | |
| | Part IV and Schedule I-1 (Form 990) if additional space is needed | if additional sp | pace is r | pepee | | | | į | × • |
| - | (a) Name and address of organization | (p) EIN | (c) IRC section | (d) Amount of cash grant | (d) Amount of cash grant (e) Amount of non-cash | (b) Mei | (g) Description of | (h) Purpose of grant | |
| | | | ii appiicable | | assisialica | ouer) | non-cash assistance | OI desistance | |
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| 2 Ente | Enter total number of section 501(c)(3) and government organizations | roanizations | | | | | | | |
| | Enter total number of other organizations | 2::22 | | | | | | | |

Schedule I (Form 990) 2008

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| Schedule I (F | Schedule I (Form 990) 2008 PHI ETA SIGMA NATIONAL HONOR | A NATIONAL HO | | 61-1286470 | | Page 2 |
|---------------|--|--|----------------------------|-------------------------|---|--|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. | to Individuals in the if additional space is | United States. Compression | plete if the organizat | ion answered "Yes" on For | ١. |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of | (e) Method of valuation (book, EMV appraisal other) | (f) Description of non-cash assistance |
| | | | 222,750 | | | |
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| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | emplete this part to p | provide the information | n required in Part I, I | ine 2, and any other addition | onal information. |

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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

PHI ETA SIGMA NATIONAL HONOR SOCIETY INC.

Employer identification number 61-1286470

Form 990, Part III, Line 4d - All Other Achievements

To provide the following benefits to members:

Membership certificates and supplies.

Internet site for the organization and its members

National convention available to all members

Newsletters and How-to-Study guides.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

| ▶ | See separate instructions. | Attach to | your tax ret |
|---|----------------------------|-----------|--------------|
| | | | |

OMB No 1545-0172

PHI ETA SIGMA NATIONAL HONOR Identifying number Name(s) shown on return SOCIETY INC. 61-1286470 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 1 250,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 3,788 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property yéar placed in (business/investment use (e) Convention (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property 25-year property S/L 25 yrs S/L Residential rental 27 5 yrs MM property 27 <u>5 yrs</u> MM S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L 40 yrs MM S/L 40-year Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 22 3,788 23 For assets shown above and placed in service during the current year,

enter the portion of the basis attributable to section 263A costs