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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)

Open to Public

OMB No 1545-0047

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

Inspection

<u>A</u> F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011	·
В	Check if applicable		D Employer identific	cation number
	Addre chang Name	• PHI KAPPA TAU, ALPHA TAU CHAPTER		
<u></u>	chang ∏Initial	Doing Business As		537019
F	return Termii	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
\vdash	_ated Amen	ZUU EAST BUFFALO ST. SUITE 402	607-	272-5550
\vdash	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	390,171.
<u></u>	tion pendii	ITHACA, NI 14850	H(a) Is this a group re	
	•	F Name and address of principal officer JASON LUSTIG	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
				list (see instructions)
		te: > HTTP: //CORNELL.PHIKAPPATAU.ORG/	H(c) Group exemptio	
		organization: X Corporation	ear of formation: 1930 N	1 State of legal domicile: NY
P	art I	Summary		
8	1	Briefly describe the organization's mission or most significant activities PROVIDE		
Jan		TO MATRICULATED UNDERGRADUATE MEMBERS OF PHI		
ē		Check this box I if the organization discontinued its operations or disposed of m		
é	1	Number of voting members of the governing body (Part VI, line 1a)	3	10
∞ ŏ		Number of independent voting members of the governing body (Part VI, line 1b)	4	0
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
Activities & Governance		Total number of volunteers (estimate if necessary)	6	47
¥		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	7a	47.
	D	Net unrelated business taxable income from Porm 990-1, line 34	7b Prior Year	
(di)	8	Contributions and grants (Part VIII, line 1h)	0.	Current Year 0 •
16	9	Program service revenue (Part VIII, line 2g)	323,122.	390,124.
6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139.	47.
Revende	₹ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	323,261.	390,171.
_ <u>```</u>	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,534.	3,978.
\mathbf{Z}	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ZIEZBERSE NAC	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,749.	25,917.
_8. 6€9	16a	Professional fundraising tees (Part Mcdumn (A) line 11e)	0.	0.
pe	b	Total fundraising expenses (Palt IX column (D) (in e 25)		
<u>a</u>	17	Other expenses (Part IX, column (A), lines, 11a (10, 11f-24f)	275,539.	316,321.
(N	18	Total expenses Add lines 1817 (must equal Partix, column (A), line 25)	307,822.	346,216.
	19	Total expenses Add lines 1817 (must equal Partix, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	15,439.	43,955.
Ses			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	146,153.	180,459.
ASB	21	Total liabilities (Part X, time 26)	28,047.	18,397.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	118,106.	162,062.
Pi	art II	Signature Block		
Und	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		1 Jan Sta		
Sig	n	Signature of officer	Date	All lbla.
Her	.θ	DASON LUSTIC , PRESIDENT VARUN NATRAJ	TREASURER	01/10/2012
		Type or print name and title	Thata "Tohash >	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		BARBARA KATHAN Davar W Korner	self-employe	
	parer	Firm's name SCIARABBA WALKER' & CO., LLP	Firm's EIN	16-1071694
Use	Only	Firm's address 200 E BUFFALO ST, SUITE 402		00 000 5550
		ITHACA, NY 14850	Phone no. 6	07-272-5550
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)	-	X Yes No

			ALPHA TAU	CHAPTER	1	5-0537019	Page 2
Pa	t III Statement of Program Ser		•				
_	Check if Schedule O contains a res		uestion in this Part I	<u> </u>			
1	Briefly describe the organization's missio SEE BELOW.	н					
	Bull Bullow.		-			· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any signif	icant program s	services during the y	ear which were n	ot listed on		
	the prior Form 990 or 990-EZ?					. Yes	X No
	If "Yes," describe these new services on						r
3	Did the organization cease conducting, or	=	ant changes in how r	t conducts, any p	program services?	. L_Yes	X No
	If "Yes," describe these changes on Sch						
4	Describe the exempt purpose achieveme				•		
	Section 501(c)(3) and 501(c)(4) organizat					nts and	
4-	allocations to others, the total expenses,					300	124.)
4a	(Code) (Expenses \$ PROVIDE HOUSING AND				(Reve		
	PHI KAPPA TAU AT COR			TCOLATED	UNDERGRADO	AID MEMBER	CD OF
	THE RAFTA TAO AT COR	ADDD CIVI	VERDIII.				
							
4b	(Code) (Expenses \$		including gra	nts of \$) (Reve	nue \$)
			 -				
							
		· · · · · · · · · · · · · · · · · · ·					
							
							
4c	(Code) (Expenses \$		ıncludıng gra	nts of \$) (Reve	nue \$)
							
							
			· · · · · · · · · · · · · · · · · · ·				
			 	 _			
		·					
							
			<u>.</u>	<u> </u>		 	
							
							
4d	Other program services (Describe in Sci	nedule ())					
TU		luding grants of	\$) (Revenue	\$)	
4e	Total program service expenses ▶		6,216.	7	·		
				-		Form S	90 (2010)

	•		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 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, or have a section 501(h) election in effect	۱.		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	-		
Ū	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,	۰		
	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		х
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	١	۱.,	
	Part VI	11a	X	ļ <u>.</u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		₩
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? 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		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	 	
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990	(0040)

Form 990 (2010) PHI KAPPA TAU, ALPHA TAU CHAPTER
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
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			
	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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) 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		
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		:	
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			77
	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	
30	·	30		x
04	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		
32	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
33	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?			T
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
u	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			į
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
55	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ì
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2010)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

PHI KAPPA TAU, Form 990 (2010) ALPHA TAU CHAPTER 15-0537019 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response \cdot to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI \mathbf{x} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a Does the organization have local chapters, branches, or affiliates? 10a b 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 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 ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19

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

SCIARABBA WALKER & CO., LLP - 607-272-5550

200 E BUFFALO ST., ITHACA, NY

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statements available to the public

Form 990 (2010)	Form	990	(201	O)
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PHI KAPPA TAU, ALPHA TAU CHAPTER

L5-0537019

Page 7

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

· Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

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

		or any related organization compensated any current officer, director, or trustee								-r		
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	١,		Pos		-		Reportable	Reportable	Estimated		
	hours per week		neci	(all	that	арр	ly)	compensation	compensation	amount of		
	(describe	ector						from the	from related organizations	other compensation		
	hours for	l p	, e	ļ		ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	frust		 8	pens		(W-2/1099-MISC)	,	organization		
	organizations	lual tr	tonal	1	y of	yee yee	_			and related		
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
JASON LUSTIG			-		\vdash			· -				
PRESIDENT	1.00	X		x				0.	0.	0.		
NICK SIEBENLIST												
VICE PRESIDENT	1.00	Х	L.	Х				0.	0.	0.		
ISHAAN BERRY												
SECRETARY	1.00	X		X				0.	0.	0.		
TED SALTZ												
TREASURER	1.00	X		X	ļ			0.	0.	0.		
DREW WEIRMAN												
DIRECTOR OF RECRUITMENT	1.00	X	<u> </u>	_	<u> </u>	<u> </u>	ļ	0.	0.	0.		
JON PARSONS	1 00											
DIRECTOR OF SOCIAL EVENTS	1.00	X	_	<u> </u>				0.	0.	0.		
MANUEL DAVILA-MOLINA	1 00									_		
HOUSE MANAGER	1.00	X	-	-				0.	0.	0.		
DAN LONDONO	1 00											
DIRECTOR OF PHILANTHROPY	1.00	X		-		-		0.	0.	0.		
ANDY SILICIANO	1 00	x							0	_		
DIRECTOR OF NEW MEMBER EDU	1.00	^				H		0.	0.	0.		
KEVIN ULLMANN DIRECTOR OF BROTHERHOOD	1.00	x						0.	0.	0.		
DIRECTOR OF BROTHERHOOD	1.00	^	┢┈					0.				
		 			\vdash							
				\vdash						· · ·		
				L	L.		<u> </u>					
		1										
			<u> </u>	<u> </u>	<u>L</u> .		L.,					
			<u> </u>	<u> </u>	L.							

<u> </u>	Section A. Unicers, Directors, 111		npic	уөө			High	est	Compensated Employ	ees (continuea)				
	` (A)	(B)				C)			(D)	(€)			(F)	
	Name and title	Average	١,,		Pos				Reportable	Reportable	,	Es	tımate	d
		hours per	(CI	neck	all	that	app	ly)	compensation	compensation	on	an	nount	of
		Week	ĕ						from	from related			other	
		(describe hours for	direc				l_		the	organization			•	
		related	10 ac	ste			Sate		organization	(W-2/1099-MI	SC)		om th	
		organizations	truste	ğ		ee ee	mpe		(W-2/1099-MISC)			-	anızat	
		in Schedule	Individual trustee or director	Institutional trustee		oldu	oyee	=					d relat	
		O)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	0115
		· · · · ·				╁	╁							
						-	-							
						-								
				_										
							-							-
	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bov	e) wł	no re	eceived more than \$100	,000 in reportab	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director or trus	stee	, key	em/	nplo	уөө,	or h	nighest compensated er	nployee on				_
	line 1a? If "Yes," complete Schedule J for s	uch individual									- 1	3		X
4	For any individual listed on line 1a, is the su		е сс	mpe	ensa	atior	n and	d oth	her compensation from	the organization	l			
	and related organizations greater than \$15									3	1	4		X
5	Did any person listed on line 1a receive or a									dual for services	.			
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	,	-						· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ont	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization NONE												_	
	(A) Name and business	address						İ	(B) Description of s	ervices	С)) eamo) nsatio	n
								\dashv						
								_						
								-						
]						
2	Total number of independent contractors (i	-	ot lu	mite	d to	tho	se lis	ted	l above) who received m	ore than				
	\$100,000 in compensation from the organi	zation 🕨					0							

15-0537019 Form 990 (2010) PHI KAPPA TAU, ALPHA TAU CHAPTER Page 9 Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Federated campaigns 1a Membership dues 1b c Fundraising events 1c Related organizations 1d Government grants (contributions) 10 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** PROG.SERV.REVENUE-RELA 900099 390,124. 390,124 f All other program service revenue 390,124 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 47 47. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 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 Other Revenue including \$ 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 a 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 b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

390,171

390,124

Total, Add lines 11a-11d

Total revenue. See instructions.

47.

0.

Part IX | Statement of Functional Expenses

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

	All other organizations must com	plete column (A) but are	not required to comple	te columns (B), (C), and (D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,978.			
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
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				
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	20,682.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	1,239.			
10	Payroll taxes	3,996.			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				ii
а	Management				
b	Legal				
С	Accounting	11,270.			
d	Lobbying				
θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	110 255			
16	Occupancy	112,365.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,088.			
23	Other expenses. Itemize expenses not covered	13,000.		·	
24	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	COST OF FOOD	68,988.	· • · · · · · · · · · · · · · · · · · ·		
a b	ACTIVITIES	22,352.			
C	RECRUITMENT	13,740.			
d	FORMAL	11,964.			
и Ө	NATIONAL DUES	6,506.			· · · · · · · · · · · · · · · · · · ·
f	All other expenses SEE SCH O	56,048.			
25 25	Total functional expenses. Add lines 1 through 24f	346,216.	-		
<u>25</u> 26	Joint costs. Check here J if following SOP	J 10 , 21 0 6			
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) Beginning of year End of year 125,128. 157,342. Cash · non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,643. 4 Accounts receivable, net 340. 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 7 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 20,474. 20,685. 15 Other assets See Part IV, line 11 15 146,153. 180,459. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 2,912. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25,135. 12,600. 25 Other liabilities Complete Part X of Schedule D 25 18.397 26 Total liabilities. Add lines 17 through 25 28,047. Organizations that follow SFAS 117, check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 31 118,106. 162,062. 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 118,106. 162,062. 33

> 180,459. Form **990** (2010)

146,153

34

Total liabilities and net assets/fund balances

OHIL	990 (2010) PRI KAPPA TAU, ALPRA TAU CRAPIER	13-033	/ ひエフ	гαι	JO 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	390) <u>,1</u>	<u>71.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 16.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>55.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118	<u>3,1</u>	<u>06.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	162	2,0	<u>61.</u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2010)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PHI KAPPA TAU, ALPHA TAU CHAPTER

Employer identification number

15-0537019 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

					<u>IAPTER</u>				<u>3701</u>		
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Ti	reasures,	or Oth	<u>er Sim</u>	ilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following the	at are a s	ignificar	nt use of its	collection	ı ıtems	3
	(check all that apply)										
а	Public exhibition		ı 🔲 ı	Loan or exc	change progr	ams					
b	Scholarly research		, 🗀	Other							
c	Preservation for future generations						•				
4	Provide a description of the organization's co	oliections and expla	ın how th	ev further t	the organizat	ion's exe	mpt pur	pose in Pa	t XIV		
5	During the year, did the organization solicit of							=			
	to be sold to raise funds rather than to be ma							Г	Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 9	90 Part IV			,
	reported an amount on Form 990, Pa		0.0 11 1110	organizati	orr ariotroroa	100 10	011111	50, 1 alt 14,			
	Is the organization an agent, trustee, custod		diany for	contributio	ns or other a	eeate not	tinclude				
Iu	on Form 990, Part X?	an or other interme	dialy loi	CONTINUE	ilo di dilibi a	33013 1101	HICIAGE	· _	Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fe	lloumat	in h lo				L	105		INO
D	Tes, explain the arrangement in Part XIV	and complete the it	ollowing i	anie					A		
_	Regimens belones								Amount	<u></u>	
C	Beginning balance						1c		 .		
a	Additions during the year						1d				
θ.	Distributions during the year						1 0				
f	Ending balance						<u>1f</u>				
	Did the organization include an amount on F		21?					L.	_ Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete		nswered	"Yes" to Fo							
		(a) Current year	(b) P	rior year	(c) Two year	irs back	(d) Thre	e years back	(e) Four	years t	oack
1a	Beginning of year balance				<u> </u>				ļ		
b	Contributions								ļ .		
С	Net investment earnings, gains, and losses								<u> </u>		
d	Grants or scholarships										
0	Other expenditures for facilities								Ì		
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
c		 %									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	and administ	ered for t	he orga	nization			
	by								ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations							•	3a(ii)	-+	
h	If "Yes" to 3a(ii), are the related organizations	e lietad ae raquirad (on Schoo	lulo B2		•			3b		
4	Describe in Part XIV the intended uses of the	•						÷	_ 3D		
-	t VI Land, Buildings, and Equipm										
		1			t av athau	(-) ((-1) David		
	Description of investment	(a) Cost or o			t or other (other)		ccumula preciatio		(d) Bool	value	,
	Lond	26313 (1114631)	ority	Dasis	(Julion)	- 48	Pieciali	"			
	Land				-	 			· -		
	Buildings										
	Leasehold improvements					 					
	Equipment										
	Other					1					
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c))			. •			0.

Schedule D (Form 990) 2010

_	dule D (Form 990) 2010 PHI KAPPA TAU, ALPHA TAU CH		-:-104-	15-0	<u>537019</u>	Page 4
Pa		Audited Finan	ciai Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
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 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				-	
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	· -	7		
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			7 4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses pe	er Return	1	
1	Total expenses and losses per audited financial statements		-	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
ь	Prior year adjustments	2b		7		
c	Other losses	2c		7		
d	Other (Describe in Part XIV)	2d		7		
θ	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1	•		3	-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
c	Add lines 4a and 4b	·		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					I, Part

SCHEDULE 0

(Form 990 or 990-ÈZ)

Department of the Treasury

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.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

DIT #1001 011 11011 011 011 011

Employer identification number

PHI KAPPA TAU, ALPHA TAU CHAPTER 15-0537019
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNIVERSITY.
FORM 990, PART VI, SECTION A, LINE 6: THE FELLOWS OF THE ORGANIZATION ARE
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS HAVE VOTING RIGHTS AND
VOTE FOR THE OFFICERS.
FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE ORGANIZATION ARE
VOTED ON BY ITS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS SENT TO THE TREASURER
FOR REVIEW & DISTRIBUTION BEFORE IT IS SIGNED.
FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS ARE ASKED TO READ AND
SIGN A CONFLICT OF INTEREST POLICY EVERY YEAR.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSES:
NATIONAL INITIATION FEES:
TOTAL EXPENSES 5,220.

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization PHI KAPPA TAU, ALPHA TAU CHAPTER	Employer identification number 15-0537019
TOTAL EXPENSES	4 607
NATIONAL CONFERENCE:	
TOTAL EXPENSES	3,696.
RUSH CAPITAL IMPROVEMENT:	
TOTAL EXPENSES	3,401.
SMC - KITCHEN SURCHARGE:	
TOTAL EXPENSES	3,244.
PROGRAMMING:	
TOTAL EXPENSES	3,000.
BURSAR FEE:	
TOTAL EXPENSES	2,803.
INTERNET SERVICE:	
TOTAL EXPENSES	2,759.
PRIOR YEAR:	
TOTAL EXPENSES	2,758.
APPAREL:	
TOTAL EXPENSES	2,683.
IFC DUES:	
TOTAL EXPENSES 032212 01-24-11	2,652. Schedule O (Form 990 or 990-EZ) (2010)

TOTAL EXPENSES 1,101.

ALUMNI RELATIONS:

NEW MEMBER EDUCATION:

TOTAL EXPENSES 928.

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Page 2 Employer identification number
PHI KAPPA TAU, ALPHA TAU CHAPTER	15-0537019
NEWSLETTER:	_
TOTAL EXPENSES	902.
ALUMNI EVENTS:	
TOTAL EXPENSES	888
SLOPE DAY:	
TOTAL EXPENSES	738.
HOUSE TELEPHONE:	
TOTAL EXPENSES	5 25
SMC - HOUSE SURCHARGE:	
TOTAL EXPENSES	707.
SMC - CHAPTER SURCHARGE:	
TOTAL EXPENSES	393.
SWEETHEART:	
TOTAL EXPENSES	257.
PRESIDENTS SCHOLARSHIP:	
TOTAL EXPENSES	250.
NYS CORP. TAX:	
TOTAL EXPENSES	250.
STATIONARY:	
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010

	U (Form 990 or 9	90-EZ) (2010)									Page 2
Name of th	ne organization	PHI	KAPPA	TAU,	ALPH	A TAU	СНАРТ	ER		Employer id 15-0	entification nu 537019	ımber
<u>TOTAL</u>	EXPENSE	S									2	200.
INTRA	MURALS:											
TOTAL	EXPENSE	<u>s</u>	_								1	<u> 130.</u>
NATIO	NAL FEES	:					_					
<u>TOTAL</u>	EXPENSE	S										91.
HISTO	RIAN:											
TOTAL	EXPENSE	s							<u>.</u>			71.
TOTAL	OTHER E	XPEN:	SES ON	FORM	990,	PART	IX, L	INE 241	F, COL	A	56,0	<u> </u>
			 .		_							
			• • • • • • • • • • • • • • • • • • • •									
				·	_							
												
		_										