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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

OMB No 1545-0047

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For th	e 2011 calendar year, or tax year beginning JUL 1, 2011 and ending	<u>JUN 30, 2012</u>	
B Check if applicab	C Name of organization	D Employer identifi	cation number
Addre	PHI KAPPA TAU, ALPHA TAU CHAPTER		
Name chang	Doing Business As	15-0	537019
Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone numbe	r
Termi	ZUU EASI BUFFALO SI. SUIIE 40Z	607-	272-5550
Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	395,778.
Applie tion pendi		H(a) is this a group re	
pendi	F Name and address of principal officer. VARUN NATRAJ	for affiliates?	Yes X No
	SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
			list (see instructions)
	te: > HTTP://CORNELL.PHIKAPPATAU.ORG/	H(c) Group exemptio	
		ar of formation: 1930 N	1 State of legal domicile: NY
Part I	Summary		
g 1	Briefly describe the organization's mission or most significant activities PROVIDE H		
Activities & Governance 2 9 2 4 2 8 2 4 2 9 4 2 8 2 8	TO MATRICULATED UNDERGRADUATE MEMBERS OF PHI		· · · · · · · · · · · · · · · · · · ·
E 2	Check this box I if the organization discontinued its operations or disposed of mo	j j	ssets
§ 3	Number of voting members of the governing body (Part VI, line 1a)	3	4
eg 4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
ties 5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1
₹ ₹	Total number of volunteers (estimate if necessary)	8	4
	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Control vision and grants (Dort VIII Inc. 1h)	Prior Year 0 •	Current Year
8 <u>Re</u>	Contributions and grants (Part VIII, line 1h)	390,124.	0.
Revenue 0 0	Program service revenue (Part VIII, line 2g)		395,778.
é 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	390,171. 3,978.	395,778. 2,807.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,976.	
14	Benefits paid to or for members (Part IX, column (A), line 4)	25,917.	28,102.
sel 15 16a b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,917.	28,102.
L loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 0 ■	<u>U.</u>	<u> </u>
ă 17 b	Other expenses (Part IX, column (A), lines 114-11d, 1/15/249)	316,321.	331,119.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A) In (25)	346,216.	362,028.
19	Revenue less expenses Subtract line 18 from tine 12	43,955.	33,750.
-8 -	1(() 01 0 1 1/01	Beginning of Current Year	End of Year
Signal 20	Total assets (Part X, line 16)	180,459.	222,517.
SE 21		18,397.	26,705.
Net Assets or Fund Balances 22 22 23 24 25 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 24-from line 20 EN, UT	162,062.	195,812.
Part II	Signature Block	102,002.	123,012.
	alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of m	v knowledge and belief, it is
	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		,
	Van	8/23/2	012
Sign	Signature of officer	Date	<u> </u>
Here	VARUN NATRAJ, TREASURER		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	CAROLYN AUSTIN Carolyn Austin	8-16-12 If self-employ	P01433679
Preparer	Firm's name SCIARABBA WALKER & CO., LLP	Firm's EIN	16-1071694
Use Only	Firm's address 200 E BUFFALO ST, SUITE 402	2 2	
	ITHACA, NY 14850	Phone no. 6	07-272-5550
May the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
132001 01-			Form 990 (2011)

	990 (2011) PHI KAPPA TAU, ALPHA TAU CHAPTER 15-U53/U19 Page 2
Pai	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	SEE BELOW.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDE HOUSING AND FELLOWSHIP TO MATRICULATED UNDERGRADUATE MEMBERS OF
	PHI KAPPA TAU AT CORNELL UNIVERSITY.
	INT MILLIO III COMMAND CHITAMBELLI
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (expenses 5
	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

			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		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, 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, 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,	i		
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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	Х	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		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?			
	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>		
10	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	
	complete Schedule G, Part III	19	L_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
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	l i		
	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		<u> </u>
ь	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	054		
	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	200		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		^
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	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		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? 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		Х
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 7701-37 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		1
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	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	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	•	<u> </u>
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		:	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	ва		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		}	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a 5,520.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 _	ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		<u> </u>	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Ì	
	officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	з		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
~	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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
.0	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
10	statements available to the public during the tax year	u		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
20	SCIARABBA WALKER & CO., LLP - 607-272-5550		_	
	200 E BUFFALO ST., ITHACA, NY 14850			

•								
orm 990 (2011)	PHI	KAPPA	TAU,	ALPHA	TAU	CHAPTER	15-0537019	Page 7
Part VII Compensation	of Of	ficers, Di	rectors	Trustees	, Key	Employees,	Highest Compensated	
Employees, an					-			

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

X Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c	Position check more than one ess person is both an			h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	itee or director	Institutional trustee	d a Otticer		Highest compensated A		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHARLES BUCHER										
PRESIDENT	1.00	X	_	X	ļ			0.	0.	0.
(2) CALVIN KNAPP	1 1 1									•
VICE PRESIDENT	1.00	X	-	X		<u> </u>		0.	0.	0.
(3) TOM FLAGIELLO	1.00	v	1	x				0.	0.	^
SECRETARY (4) VARUN NATRAJ	1.00	^	\vdash	Λ		 		0.	O•	0.
TREASURER	1.00	x		X				0.	0.	0.
			_							
		-								
		-								
		-								
	1									
				Ь—			Ь			C 000 (0014)

Forn	990 (2011) PHI KAPPA	A TAU, Z	ALI	<u> 2H</u> 2	<u> </u>	ΊΑΊ	J (CH	APTER	15-05	37	019	P	age 8		
Pa	t VII Section A. Officers, Directors, Tru (A) Name and title	stees, Key Er (B) Average			(C Posi	C) ition)		(D) Reportable	(E) Reportable		Es	(F)			
	ivano una tito	hours per week (describe hours for related organizations in Schedule O)	tee or director	, unle	heck ss per da di	rson	ıs bot	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	amount other compens from the organiza and rela		amoun othe compens from t organize and rela		of ation e con ced
													·			
								-			-					
	<u>.</u>															
	Sub-total Total from continuation sheets to Part VI	I, Section A		[>	<u> </u>	0.		0.			0.		
	Total (add lines 1b and 1c) Total number of individuals (including but n		nose	liste	ed al	oove	e) w	no re	0 . eceived more than \$10	0,000 of reportable	0.			0.		
	compensation from the organization												Yes	No		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual			-	•						3_		х		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000 <i>? If "Ye</i> s,	" co	mpl	ete S	Sche	edul	9 J f	for such individual			4		х		
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son			• • • • • • • • • • • • • • • • • • • •		5		Х		
1	Complete this table for your five highest co the organization Report compensation for	=	-						n the organization's tax		pens:					
	(A) Name and business	address	N	INC	3		_		(B) Description of	services	C	ompe	C) nsatio	<u>n</u>		
_						41-			d ab and a side a side							
	Total number of independent contractors (i \$100,000 of compensation from the organic		ot li	mite	a to		se li O	stec	above) who received i	more than			000			

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code 172,158. 136,258. 2 a ROOM AND BOARD 721310 172,158. Program Service 721310 136,258 **b** SOCIAL 900099 c DUES AND FEES 77,885. 77,885. 900099 3,675. 3,675. d SUMMER INCOME $2,\overline{127}$. 2,127 900099 • SERIOUS FUN CHILDRENS 900099 3,675 3,675 f All other program service revenue g Total. Add lines 2a-2f 395,778 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 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 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 395,778 395.778 0 Total revenue. See instructions. Form 990 (2011) 132009 01-23-12

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)

	Check if Schedule O contains a respon	se to any question in th	Х		
	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				
	organizations in the United States. See Part IV, line 21	2,557.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	250.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States 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	24,544.			
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,558.			
11	Fees for services (non-employees)				
a	Management	220			
b	Legal	338.			
C	Accounting	9,450.	<u> </u>		
d	Lobbying Cap Part IV I I I I I I I I I I I I I I I I I I				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other	3,096.		_	
g 12	Advertising and promotion	3,090.			
13	Office expenses	1,988.			
14	Information technology	1,500.			
15	Royalties				
16	Occupancy	116,104.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,143.	-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	·			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1	_		
а	COST OF FOOD	72,938.			
b	ACTIVITIES	41,614.			
C	NEW MEMBERS	19,893.			
d	DUES AND FEES	19,057.			
θ	All other expenses SEE SCH O	44,498.			
25	Total functional expenses. Add lines 1 through 24e	362,028.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				ł
	Check here following SOP 98-2 (ASC 958-720)	_			<u> </u>

Form 990 (2011)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	157,342.	1	189,182.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,643.	4	135.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	4,000.
	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	
	15	Other assets See Part IV, line 11	20,474.	15	29,200.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	180,459.	16	222,517.
	17	Accounts payable and accrued expenses	5,797.	17	5,005.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	12,600.	25	21,700.
	26	Total liabilities. Add lines 17 through 25	18,397.	26	<u> 26,705.</u>
		Organizations that follow SFAS 117, check here and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Bai	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
己		Organizations that do not follow SFAS 117, check here			
ğ		complete lines 30 through 34.			_
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	162,062.	32	195,812.
_	33	Total net assets or fund balances	162,062.	_33	195,812.
	34	Total liabilities and net assets/fund balances	180,459.	34	222,517.

Form **990** (2011)

orm	990 (2011) PHI KAPPA TAU, ALPHA TAU CHAPTER	<u> 15-053</u>	<u>7019 </u>	Pag	<u>е 12</u>
Pa	rt 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	395	5,75	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	362	2,02	28.
3	Revenue less expenses Subtract line 2 from line 1	3	33	3,75	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	162	2,06	52.
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	195	5,81	12.
Pa	rt 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>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	∍ 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 Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	i on a			
	separate basis, consolidated basis, or both				
	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 Sin	gle 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	red audit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 (2	2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

PHI KAPPA TAU. ALPHA TAU CHAPTER

Employer identification number 15-0537019

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if 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		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	d funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	-	
•	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	action duvicos, or tor any outlot purpose of	Yes No
Pai	_ <u> </u>	anization answered "Yes" to Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		prically important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
~	day of the tax year	od osnosi valion osnalbalion in ino isim o	a concervation decement on the last
	day of the tax your		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
C	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	, ,	
u	listed in the National Register	artor of 17700, and not on a motorio or dotain	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the o	
Ü	year >	sassa, satingaismoa, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
7	Amount of expenses incurred in monitoring, inspecting, and e	-	
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense s	
Ū	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	,	,,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial o	gain, provide
_	the following amounts required to be reported under SFAS 1:		φ
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990. Part X		• • • • • • • • • • • • • • • • • • •

	dule D (Form 990) 2011 PHI KAPPA							<u>15-05</u>		
Par										
3	Using the organization's acquisition, accession,	, and other recor	ds, chec	ck any of	the following	that are a s	ignificant	use of its	collection	tems
	(check all that apply)									
а	Public exhibition	•	d 🖳	Loan or	exchange pro	grams				
b	Scholarly research	•	e ∐	Other_						
C	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and expla	in how t	they furth	er the organiz	zation's exe	mpt purp	ose in Par	XIV	
5	During the year, did the organization solicit or re	eceive donations	of art, h	nistorical 1	treasures, or o	other sımıla	r assets		_	
	to be sold to raise funds rather than to be maint								Yes	No No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		lete if th	e organiz	ation answere	ed "Yes" to	Form 99	D, Part IV, I	ine 9, or	
					4					
та	Is the organization an agent, trustee, custodian	or other interme	diary ioi	Contribu	tions or other	assets no	i incluaea		7 v	□ Na
	on Form 990, Part X?		- II	. A I. I .					J Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV and	a complete the t	ollowing	table				l	A	
	B								Amount	
	Beginning balance						1c	l		
d	Additions during the year						1d			
•	Distributions during the year						1e			
	Ending balance .				-		1f	<u> </u>	7,,	
	Did the organization include an amount on Form	n 990, Part X, line	9 217					<u> </u>	J Yes	∟ No
Par	If "Yes," explain the arrangement in Part XIV			4 8V II A-	. Farm 000 D		10			
Par										
		a) Current year	(b)	Prior year	(c) 1wo	years back	(d) Inree	years back	(e) Four y	ears back
1a	Beginning of year balance		├							
b	Contributions	 -	 							
С	Net investment earnings, gains, and losses		-							
	Grants or scholarships		-							
е	Other expenditures for facilities									
	and programs .									···-
f	Administrative expenses		 							
g	End of year balance		1							
2	Provide the estimated percentage of the curren	t year end balan	ce (line '	1g, colum	ın (a)) held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possessi	ion of the organia	zation th	nat are he	ld and admini	istered for t	the organi	zation	_	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				-		-		3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	=			-				3b	
4	Describe in Part XIV the intended uses of the or									
Par	t VI Land, Buildings, and Equipmer	1		X, line 10						
	Description of property	(a) Cost or			ost or other	1,	ccumulat	1	(d) Book	value
	and the same of th	basis (invest	ment)	be	isis (other)	de	preciation	1		
1a	Land			 						
b	Buildings			ļ						
С	Leasehold improvements			+						
d	Equipment			\bot						
	Other						_			
T-4-1	Add lines 1a through 1a (Column (d) must equi	al Form 000 Par	+ Y 004	mn (P) 1	no 10/cl l			▶		Λ

	dule D (Form 990) 2011 PHI KAPPA TAU, ALPHA TAU			15-0537019	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited F	inancial State	ments	
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		10		
Par	t XII Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per F	<u>Return</u>	
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	1 1			
а	Net unrealized gains on investments	2a		4	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		」	
е	Add lines 2a through 2d			2е	
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			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 State	ements With	Expenses per	Return	
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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
-	Other losses	2c	_	1	
ď	Other (Describe in Part XIV)	2d		1	
e	Add lines 2a through 2d	1		2θ	
3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	• •			
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a 	Other (Describe in Part XIV)	4b		1	
D		[40]		1 4 1	
	Add lines 4a and 4b			4c	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information	•		5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art III. linna 10 and	1.4. Port IV. Impo 1	1b and 2b Bart V line	A Port
					94, Fait
A, III	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also co	ompiete triis part	to provide any au	ditional information	
					· · · · · · · · · · · · · · · · · · ·

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization 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 24E, ALL OTHER FUNCTIONAL EXPENSES: LIABILITY INSURANCE : 14,355. TOTAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization PHI KAPPA TAU, ALPHA TAU C	Page 2
TOTAL EXPENSES	5,429.
BROTHERHOOD :	
TOTAL EXPENSES	5,063.
ALUMNI :	
TOTAL EXPENSES	5,060.
MISCELLANEOUS :	
TOTAL EXPENSES	3,960.
CHAPTER :	
TOTAL EXPENSES	3,604.
APPAREL :	
TOTAL EXPENSES	3,002.
COMPOSITE :	
TOTAL EXPENSES	2,892.
PRIOR YEAR :	
TOTAL EXPENSES	463.
NYS TAXES AND FEES :	
TOTAL EXPENSES	277.
PUBLIC RELATIONS :	
TOTAL EXPENSES 132212 101-23-12	250 . Schedule O (Form 990 or 990-EZ) (2011

) (Form 990		(<u>201</u> 1)									Pag
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<u>HISTO</u>	RIAN_					:						
TOTAL	EXPEN	SES	<u> </u>									14
TOTAL	OTHER	EXPEN	SES (ON FORM	1 990,	PART	IX,	LINE	24E,	COL	A	44,49
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