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Form **990-EZ**

Department of the Treasury

DAA

Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	e 2011 calend	dar year, or tax year beginning $07/01/11$, and ending $06/30/12$				
В		applicable		D Emplo	oyer identification number		
	Address	change					
	Name ch	ange	MORTAR BOARD - BARBARA COOK CHAPTER	35	-6065062		
	Initial retu	urn	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number			
	Terminate	ed	475 STADIUM MALL DRIVE City or town, state or country, and ZIP + 4	765-496-3496			
	Amended	d return	F Group Exemption				
\Box	Application	on pending	Number				
G		nting Method.	If the organization is not				
1		te: ▶ <u>WW</u>	attach Schedule B				
<u>1</u>		 _), 990-EZ, or 990-PF).			
K	Check	_	e organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gr		•		
			00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required	(see ins	tructions) But if		
	•		oses to file a return, be sure to file a complete return				
L		•	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		131 E30		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11		ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>▶</u> \$	131,538		
۲	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ons for	Part I.)		
_	Т.		if the organization used Schedule O to respond to any question in this Part I	т_	2,012		
	1		gifts, grants, and similar amounts received vice revenue including government fees and contracts		4,507		
	2	-	2	4,301			
	3	•	dues and assessments	3	4,936		
	4	Investment II		<u> </u>	4,950		
	5a			리 :			
	b		r other basis and sales expenses from sale of secrets other than inventory (Subtract line 5h from line 5c)	5c	11,194		
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)	30			
0	6	•	fundraising events le from gaming (attach Schedule G if greater than				
Revenue	a	\$15,000)	e nom gaming (attach schedule din greater than				
ě	b	Gross incom	┪ ┆				
Ľ	"		1 1				
			sing events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)				
	C		expenses from gaming and fundraising events 6c	7]	:		
	d	Net income d	7				
		line 6c)	6d				
	7a	•	of inventory, less returns and allowances 7a 106,54	2			
_	b	Less cost of	f goods sold				
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	45,427		
	8	Other revenu	ue (describe in Schedule O)	8	2,347		
	1		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,423		
7 ===3	10	Grants and s	similar amounts paid (list in Schedule O)	10	37,295		
မ္ဘေ	11	Benefits paid	d to or for momboro	11	·		
S	12	Salaries, oth	er compensation, and employee benefits OGDEN, UT	12			
	13	Professional	fees and other payments to independent contractors	13	2,946		
9	14	Occupancy,	rent, utilities, and maintenance	14			
9	15	Printing, pub	olications, postage, and shipping	15	324		
65	16	Other expen	ses (describe in Schedule O)	16	39,602		
S	17_	Total exper	ses. Add lines 10 through 16	17	80,167		
s	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)	18	-9,744		
set	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree with		,		
Net Assets		•	figure reported on prior year's return)	19	482,364		
Net	20	•	es in net assets or fund balances (explain in Schedule O)	20	-78,547		
	21_		r fund balances at end of year Combine lines 18 through 20	21	394,073		
For	Paperw	ork Reduction	Act Notice, see the separate instructions.	(Form 990-EZ (2011)		

DAA

Form 990-EZ (2011)

Form 990-EZ (see instructions)

Form	990-E2	Z (2011)	MORT	AR_	<u>BOARD</u>		BARB	<u>ARA</u>	COOK	CHA	PTER_	<u> </u>	<u>5-6065062</u>			F	age 4
								_				_				Yes	No
46			tion engage							ities on t	oehalf of or	ın op	position				
- Dan	to can		public offic							7/0\/1\	nonovor	mnt	abaritable tru	sts only. All s	46	<u> </u>	<u>X</u>
га	tr Af	501(c)(3) organ	nızatio	ons and s	sectio	n 4947((a)(1)	nonexem	npt cha	ritable tru	sts r	must answer qu	estions 47-49b	SCHOIL		
		and 5	52, and co	mplet	e the tab	oles fo	or lines	50 and	d 51.	•			•				П
		Cned	k if the org	ganiz	ation use	ea Sci	neaule (O to re	espona to	o any q	uestion in	tnis	s Part VI			Yes	No
47	Did th	e organiza	tion engage	ın lob	bying activ	vities c	or have a	section	n 501(h) el	lection ir	n effect dur	ing th	ne tax			1 65	
	•	•	omplete Sch												47	<u> </u>	X
48		•	on a school				, , ,	,,,,,	· ·	•		eЕ			48	} _	X
49a		-	tion make a	-			•		ole related	organız	ation?				49a	├ ─	X
_b			related orga				•								49b	<u> </u>	<u> </u>
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."																	
	empio	yees) who	each receiv	vea mo	re than \$	100,00	DO OT COM	pensat	ion from tr	Ť			,		-т		
					dress of eac e than \$100,		oyee 			'	hours per wee devoted to posi	ek 🐪	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and defen compensation	e	er compe	amount of
NON	E										,						
																	
															-		
														 	-		
	Total	number of	other emplo	yees	oald over \$	100,0	000				•		<u> </u>				
51			ble for the o								ntractors wh	no ea	ach received more	than			
			address of each				_			<u></u>		(b) T	ype of service	(c)	Compens	ation	
NO	NE			<u>·</u>							<u> </u>	<u> </u>	<u></u>	- `			
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		<u>-</u>									<u> </u>	-					
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d			other indepe					-			- and 4047	/o\/1\					
52		•	tion complet itable trusts					,	c)(3) orgai	nizations	s and 4947	(a)(1))	> [X Yes	. 🗀	No
Unde									companyin	a schedi	iles and state	emen	and to the best of	my knowledge and b			110
													s any knowledge	,	,	-	
		X	Xerr	ull)	(2°								11/13/	2012			
Sigr	1	Signa	ature of officer		A > 00	. ,							Date	<u> </u>			
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		Print/Type p	oreparer's name	е	<u> </u>			Prepare	er's signature		1/	1.	Date	Check	f PTIN	٧	
Paic			EY R MORI						RLEY R	MORISE	TTETUM		10/	25/12 self-employe			
•	oarer	Firm's name		HUT			SON L	LP_			\mathcal{L}			Firm's EIN 3	5-20)5 <u>5</u> 0	43
use	Only	Firm's addr			BOX 9 AYETT		IN	470	02-09	70				765	-428	3_ 5 0	00
Mav	the IRS	discuss ti	his return wi											Phone no 765	X		No
																	Z (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No_1545-0047

Open to Public Inspection

ame	· · · · · · · · · · · · · · · · · · ·									yer Identii -606!	fication number 5062		
Pa	rt I	Reas	on for Public Charity	Status (All organizations r	nust cor	nplete t	his par	t.) See	instru	ctions	•		
				it is. (For lines 1 through 11, chec				_ 					
1	Ň		•	ciation of churches described in			A)(i).						
2	П		cribed in section 170(b)(1)(A				,,,						
3	П			organization described in section	on 170(b)	(1)(A)(iii)							
4		•		in conjunction with a hospital des	• •			(A)(iii).	Enter th	e hospit	tal's name.		
•	Ш	city, and state	· · · · · · · · · · · · · · · · · · ·					, , , , , , , ,			,		
5	\Box	•		a college or university owned or	operated l	hy a nove	rnmenta	Lunit des	scribed	n			
•	Ш		b)(1)(A)(iv). (Complete Part I	•	ороганов	by a gove	mineria	din de	or ibca				
6													
7													
'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
	П				,								
8	X	_		70(b)(1)(A)(vi). (Complete Part II		tributions	mamba	robin for	o ond 6				
9	A		, , ,	more than 33 1/3% of its support				•					
		•	•	t functions—subject to certain ex	•	• • •				.S			
		• • •	=	unrelated business taxable incor			i lax) iio	iii busiii	esses				
40			•	, 1975 See section 509(a)(2) . (0			-)(4)						
10	H	•	•	clusively to test for public safety					41				
11													
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		— <u>`</u> —`` ′			•		. 1	− ĭ					
_	a Type I b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons												
е	Ш		•	•				-	-				
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
		or section 509		mination from the IDS that it is a	Tuno I Tu	no II or Ti	una III au	innorting					
f		•		mination from the IRS that it is a	iypei, iy	pe II, OF 1	ype iii si	apportung	J				\Box
			check this box	an accounted any off or contribution		w of the							Ш
g			•	on accepted any gift or contribution	m nom an	iy or trie							
		following pers										<u></u>	1
		• • • •		itrols, either alone or together with	n persons	described	ın (II) al	na			44-63	Yes	No
			v, the governing body of the s	· · · · · · · · · · · · · · · · · · ·							11g(ı)	+	+
			member of a person describe								11g(ii)		_
		• •	ontrolled entity of a person de	** **							11g(iii	Л	
<u>h</u>		-	ollowing information about the	1	(-1)		(A.D.)		()		6 ID A		
(1		e of supported janization	(ii) EIN	(iri) Type of organization (described on lines 1-9		organization sted in your		rou notify nization in	organizat	s the on in col	(vil) Arr sup	port	
				above or IRC section		document?	∞l (i)	of your	(i) organı		,		
				(see Instructions)	Yes	No	Yes	No No	Yes	No			
A.)					103	1 10	163	1 10	165	-10			
A)								1					
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B)							[
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C)													
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E)													
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P=4-					1	1							

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	tano to quanty	drider the tests	ilisted below, p	icase complete	, rait iii.)		
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support		1	-		,		
Caler	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
7	Amounts from line 4					 		_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10					1	r	
12	Gross receipts from related activities, etc. (s	•					12	
13	First five years. If the Form 990 is for the o	=	second, third, four	h, or fifth tax year a	is a section 501(c)	(3)		
	organization, check this box and stop here							
	tion C. Computation of Public Su		· -					
14	Public support percentage for 2011 (line 6,		-	(†))			14	<u> </u>
15	Public support percentage from 2010 Sched	•		3 and line 14 is 33	1/20/ or more obe	ale thus	15	
16a	33 1/3% support test—2011. If the organic box and stop here. The organization qualif				1/3% Of filore, cite	CK (IIIS		▶ □
b	33 1/3% support test—2010. If the organi	• •			is 33 1/3% or more			
	check this box and stop here . The organiz				13 00 17070 01 111010	' ,		▶ [
17a	10%-facts-and-circumstances test—201			_	or 16b, and line 1	4 is		- ا
	10% or more, and if the organization meets	•						
	Part IV how the organization meets the "fac							
	organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	араспа, сарран			▶□
ь	10%-facts-and-circumstances test—201	0. If the organization	on did not check a	box on line 13, 16a	. 16b. or 17a. and	line		
-	15 is 10% or more, and if the organization r	-						
	Explain in Part IV how the organization mee					ciy		
	supported organization			•	•	•		▶ □
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b,	, 17a, or 17b, check	this box and see			▶ [

Part III Support Schedule

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to o	qualify under the	tests listed be	low, please con	nplete Part II.)		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,005	4,220	5,064	10,407	2,012	22,708
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	124,571	146,513	115,958	3,111	4,507	394,660
3	Gross receipts from activities that are not an unrelated trade or business under section 513				113,633	106,542	220,175
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	125,576	150,733	121,022	127,151	113,061	637,543
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						637,543
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	125,576	150,733	121,022	127,151	113,061	637,543
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,791	5,813	2 (51)	5,380	4 025	24,571
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4,131	5,613	3,651	5,380	4,936	24,5/1
С	Add lines 10a and 10b	4,791	5,813	3,651	5,380	4,936	24,571
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				369	2,347	2,716
13	Total support. (Add lines 9, 10c, 11,	į	1				
	and 12.)	130,367	156,546	124,673	132,900	120,344	664,830
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	> _
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2011 (line 8,	column (f) divided by	line 13, column (f))		15	95.90%
16	Public support percentage from 2010 Sched					16	96.42%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2011 (lin		•	lumn (f))		17	4 %
18	Investment income percentage from 2010 S					18	3%
19a	33 1/3% support tests—2011. If the organ 17 is not more than 33 1/3%, check this box						▶ [X
b	33 1/3% support tests—2010. If the organ	nization did not chec	k a box on line 14 o	or line 19a, and line	16 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this	•	•			nization	▶ [
20	Private foundation. If the organization did	not check a box on	<u>line 14, 19a, or</u> 19b	, check this box an	d see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2011 MORTAR BOARD - BARBARA COOK CHAPTER 35-6065062

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME

\$

2,716

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MORTAR BOARD - BARBARA COOK CHAPTER

Employer identification number 35-6065062

FORM 990-EZ, PART I, LINE 8 -	OTHER	REVENUE						
DESCRIPTION AMOUNT								
REIMBURSEMENT		\$	1,608					
REFUNDS		\$	608					
REFUND RENTAL DAMAGE DEPOSIT		\$	72					
VOID CHECK PREVIOUS YEAR		\$	59					
	TOTAL	\$	2,347					

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY CASH CONTRIB. NONCASH CONTRIB. BOOK VALUE BV EXPL. FMV EXPL. NONE **SCHOLARSHIPS**

\$ 37,295 \$ 0 \$

0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION AMOUNT

EXPENSES

ADVERTISING/PUBLICITY	\$ 822
OFFICE SUPPLIES AND EXPENSE	\$ 655
TELEPHONE EXPENSE	\$ 369
TRIP/TRAVEL EXPENSE	\$ 300
CONFERENCE/CONVENTION EXPENSE	\$ 4,231
MEETING EXPENSE	\$ 526
REGISTRATION EXPENSE	\$ 35
FINANCE CHARGE OR LATE FE	\$ 11

001100000000000000000000000000000000000	(2011)				<u> </u>
Name of the organization MORTA	AR BOARD - BARBARA	COOK	CHAPTER	Employer identification number 35-6065062	
AGED UNCASHED	CHECK REISS	\$	38		
AWARDS		\$	500		
BANQUET EXPEN	ISE	\$	18,761		
BUTTON EXPENS	SE	\$	27		
FOOD AND DRIN	IK EXPENSE	\$	7,154		
GIFT EXPENSE		\$	863		
NATIONAL DUES	EXPENSE	\$	3,000		
PHYSICAL PLAN	T SERVICES	\$	127		
SALES TAX EXE	PENSE	\$	124		
SOCIAL AND PA	ARTY EXPENSE	\$	1,489		
RENTAL EXPENS	SE	\$	470		
FINE OR PENAL	TY FEE	\$	100		
	TOT	'AL \$	39,602		

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

UNREALIZED GAIN/LOSS ON ENDOWMENT

\$ -24,820

REMOVE SAFE ENDOWMENT FROM BOOKS - PURDUE'S ASSET \$ -53,727

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE MORTAR BOARD'S PURPOSE IS TO CONTRIBUTE TO THE SELF-AWARENESS OF ITS MEMBERS, TO PROMOTE EQUAL OPPORTUNITIES AMONG ALL PEOPLES, TO EMPHASIZE THE ADVANCEMENT OF WOMEN, TO SUPPORT THE IDEALS OF THE UNIVERSITY, TO ADVANCE THE SPIRIT OF SCHOLARSHIP, TO RECOGNIZE AND ENCOURAGE LEADERSHIP, TO PROVIDE SERVICE, AND TO ESTABLISH THE OPPORTUNITY FOR A MEANINGFUL EXCHANGE OF IDEAS AS INDIVIDUALS AND AS A GROUP.

4518 MORTAR BOARD - BARBARA COOK CHAPTER Federal Statements

35-6065062 FYE: 6/30/2012

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Gain / Loss		11,194 ·	11,194
	Depreciation		ጭ	\$ O
	Depl		ۍ ا	» ا
	Cost & Expense			0
	Sale Price		11,194 \$	11,194 \$
			φ	w
ı	Date Sold			
	Date Acquired			
Description	Whom Sold	REALIZED GAINS		
	How Whom Received Sold	POOL INVESTMENT	PURCHASE	TOTAL

4518 MORTAR BOARD - BARBARA COOK CHAPTER Federal Statements

35-6065062 FYE: 6/30/2012

	Amount	\$ 450 67 1,495 \$ 2,012		Amount		[Amount	\$ 1,625 3,311 \$ 4,936
Schedule A, Part III, Line 1(e)	Description		Schedule A, Part III, Line 3(e)	Description	'	Schedule A, Part III, Line 10a(e)	Description	₩. W.
		NATIONAL DUES INCOME ASSESSMENT FEE DONATION- GENERAL TOTAL			SALES TOTAL			CHECKING INTEREST INTEREST & DIVIDEND INCOME TOTAL