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Form **990-EZ**
 Department of the Treasury
 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

A For the 2011 calendar year, or tax year beginning 09-01-2011, and ending 08-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PHI ETA KAPPA <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 107 COLLEGE AVENUE <hr/> City or town, state or country, and ZIP + 4 ORONO, ME 04473	D Employer identification number 01-0422081 <hr/> E Telephone number <hr/> F Group Exemption Number ▶
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G Accounting method Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 134,735

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	129,134
	3 Membership dues and assessments	3	
	4 Investment income	4	30
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5,571
c Less direct expenses from gaming and fundraising events	6c	4,763	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	808	
7a	Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,972	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	5,500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	13,062
	13 Professional fees and other payments to independent contractors	13	670
	14 Occupancy, rent, utilities, and maintenance	14	42,000
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	64,705
17 Total expenses. Add lines 10 through 16	17	125,937	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,035
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,613
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	22,648

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	58,112	22	81,683
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	91,380	24	91,118
25 Total assets	149,492	25	172,801
26 Total liabilities (describe in Schedule O)	130,879	26	150,153
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,613	27	22,648

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

THE ORGANIZATIONS MISSION IS TO PROVIDES ROOM AND BOARD AND A SUPPORTIVE ENVIRONMENT FOR STUDENTS TO LEARN THE ORGANIZATION IS A GREEK SOCIAL FRATERNITY THAT PARTICIPATES IN A VARIETY OF TEAM BUILDING ACTIVITIES THE ORGANIZATION ALSO HOSTS A NUMBER OF SOCIAL EVENTS THROUGHOUT THE YEAR BENEFITTING THE UNIVERSITY OF MAINE AND ITS SURROUNDING COMMUNITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE ORGANIZATIONS EXEMPT PURPOSE ACHIEVEMENTS PROVIDED A SUPPORTIVE ENVIRONMENT FOR STUDENTS TO LEARN THE ORGANIZATION ALSO HOSTED SEVERAL EVENTS IN SUPPORT OF THE UNIVERSITY OF MAINE (Grants \$ 119,640) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	119,640

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 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 "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-01-11 Date
	GUY WHITTEN Director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ JOELLE D RIOUX	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JDRIoux PO BOX 8398 BANGOR, ME 044028398			EIN ▶
				Phone no ▶ (207) 852-3318

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PHI ETA KAPPA

Employer identification number

01-0422081

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 3	Total Liabilities 3	PAYROLL TAXES PAYABLE - Beginning \$44 PAYROLL TAXES PAYABLE - Ending \$0
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	ROOM DEPOSITS - Beginning \$5000 ROOM DEPOSITS - Ending \$6000
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	KEY DEPOSITS - Beginning \$950 KEY DEPOSITS - Ending \$1250
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$123856 Deferred Revenue - Ending \$139528
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1029 Accounts Payable and Accrued Expenses - Ending \$3375
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$5000 Prepaid Expenses and Deferred Charges - Ending \$5000
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$86380 Accounts Receivable - Ending \$86118
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	BANK FEES \$15
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	FIRE INSPECTION \$98
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	ADMIN COSTS \$369
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	HOMECOMING ACTIVITIES \$1251
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	CHAPTER COMPOSITE \$1723
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	BOOKKEEPING \$1800
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	REPAIRS AND MAINTENANCE \$3808
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	UTILITIES \$21603
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MEAL PLAN PURCHASES \$33374
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$664
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name PHI ETA KAPPA BUILDING ASSOCIATION Donee's Address 107 COLLEGE AVENUE ORONO, ME 04473 Relationship of Donee RENTEE/RENTOR Cash Amount Given \$5500

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 01-0422081

Name: PHI ETA KAPPA

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL MINIGELL 108 KAL SHORE ROAD NORWAY, ME 04268	Secretary 1 00	0		
JAMES RIORDAN 52 LAKE BREEZE LANE CHINA, ME 04358	Treasurer 1 00	0		
GUY WHITTEN 37 LYND SAY LANE GLENBURN, ME 04401	Director 1 00	0		
MAXFIELD FREEMAN 118 ROYAL ROAD NORTH YARMOUTH, ME 04097	Vice President 1 00	0		
CRAIG SLAVIN 6 HIGH BLUFF LANE SCARBOROUGH, ME 04074	President 1 00	0		