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232001 12-10-12

**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 Inspection

Department of the Treasury Internal Revenue Service  The organization may have to use a copy of this return to satisfy				-	reporting requirements	Open to Public			
A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and endi						JUN 30, 2013	inspection		
B Chec		$\overline{}$	f organization	OH I, ZOIZ and	onung U	D Employer identifica	tion number		
apple	cable					2 Employor raomimoa			
Ac	idress ange	PHI	DELTA THETA FRATER	NITY					
Na	ame ange		dusiness As		-	15-05	37015		
[ ]Ini	tial turn		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite				
	rmın- ed	1 .	SCIARABBA WALKER,	•		1	72-5550		
☐ Ar	nended turn		wn, or post office, state, and ZIP cod			G Gross receipts \$	369,702.		
	plica-		CA, NY 14850			H(a) is this a group retu			
pe	nding		and address of principal officer JAR	ED GOLDMAN		for affiliates?	Yes X No		
		1	AS C ABOVE			H(b) Are all affiliates inclu-			
I Tax-	exem	pt status [	501(c)(3) X 501(c) ( 7 )		or 527	7	st (see instructions)		
J Web	site:	► N/A				H(c) Group exemption			
K Forn	n of org	ganization:	Corporation Trust X As	ssociation X Other >	L Year	of formation: 1895 M			
Part	I S	ummary	,						
a) 1	Brı	efly descril	oe the organization's mission or most	significant activities PROV	IDE HO	USING AND FE	LLOWSHIP		
Governance	TO	TAM C	CICULATED UNDERGRAD	UATE MEMBERS OF	PHI D	ELTA THETA A	T CORNELL		
E 2	Ch	eck this bo	ox 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net asse	ets		
8   3	Nu	mber of vo	ting members of the governing body	(Part VI, line 1a)		3	4		
<u>ح</u> 4	Nu	mber of inc	dependent voting members of the go	verning body (Part VI, line 1b)		4	4		
S 5	Tot	tal number	of individuals employed in calendar y	/ear 2012 (Part V, line 2a)		5	1		
Activities &	Tot	tai number	of volunteers (estimate if necessary)			6	4		
<b>5</b> 7	a Tot	tal unrelate	d business revenue from Part VIII, co	olumn (C), line 12		7a	1,057.		
	b Ne	t unrelated	business taxable income from Form	990-T, line 34		7b	-166.		
İ						Prior Year	Current Year		
8 يو	Co	ntributions	and grants (Part VIII, line 1h)			226.	819.		
Revenue	Pro	ogram serv	ice revenue (Part VIII, line 2g)			294,531.	<u>367,826.</u>		
10 ﴿ ﴿	) Inv	estment in	come (Part VIII, column (A), lines 3, 4	, and 7d)		692.	32.		
	1 Otl	her revenu	e (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		82.	1,025.		
√3 <sup>3</sup> 12	2 Tot	tal revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		295,531.	369,702.		
1:	3 Gra	ants and si	milar amounts paid (Part IX, column (	A), lines 1-3)	<u> </u>	503.	77,000.		
, 14			to or for members (Part IX, column (A			0.	0.		
Expenses	5 Sa	laries, othe	r compensation, employee benefits (	Part IX, column (A), lines 5,10)		39,536.	41,707.		
ည္တန္မွ ၂ 10			undraising fees (Part IX, column (A)		<u>র</u> ∥	0.	0.		
Ž			ing expenses (Part IX, column (D), liຖື		<u>co</u> \.				
1	7 Otl	her expens	es (Part IX, column (A), lınes 11a-11d	18 (248) (2) (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	188/  -	262,041.	317,581.		
5 18	B To	tal expense	es Add lines 13-17 (must equal Part I	X, column (A), line 25)	· \	302,080.	436,288.		
<u>β 19</u>	9 Re	venue less	expenses Subtract line 18 from line	124		-6,549.	-66,586.		
100				OGUE	Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances			Part X, line 16)			174,801.	106,606.		
¥ 5 2			s (Part X, line 26)			20,867.	19,258.		
			fund balances Subtract line 21 from	line 20		153,934.	87,348.		
Part		Signatur							
-			I declare that I have examined this return,			· ·	mowleage and beliet, it is		
true, co	rect, a	na complete	Declaration of preparer (other than office	er) is based on all information of wi	iich preparer	nas any knowledge.			
۵.		Signatur	e of officer						
Sign		_		ED		Duto			
Here	Here JARED GOLDMAN, TREASURER Type or print name and title								
				Dropararia augustura	11	Date Check	] PTIN		
Deid			parer's name	Preparer's signature		0 0 10	-		
Paid			I AUSTIN	5 CO TIP			P01433679		
Prepare		rm's name	SCIARABBA WALKER		<del></del>	Firm's EIN	16-1071694		
Use Onl	,   rii	iii s addres:	200 E BUFFALO ST ITHACA, NY 14850	, SUITE 402		Dhono no E O	7-272-5550		
May th	L_	diecijee th	s return with the preparer shown abo	ove? (see instructions)		TEHOREHO. OO	X Ves No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2012) PHI DELTA THETA FRATERNITY	15-0537015 Page	<u>, 2</u>
Pa	art 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	10
	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	ю
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as i	maaaad baa	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	o, the total expenses, and	
4a	/ ( Totalian )		_)
	TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF COLL	EGE FRATERNITY	<u>.                                    </u>
		-	
			_
4b	(Code) (Expenses \$) (Revenue	•\$	
		<del></del> - <del></del> -	
			_
		<del> </del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	•\$	
		·	
			_
			_
			_
			_
4d	Other program services (Describe in Schedule O.)		_
. •	(Expenses \$including grants of \$) (Revenue \$	)	
4e	Total program service expenses		_

Form 990 (2Q12) PHI DELTA THETA FRATERNITY
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			ĺ
	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,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ĺ
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent			
	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, VII, 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,			
	Part VI	11a		X
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
C	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			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	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 and XII	12a		Х
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 and XII is optional	12b		Х
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,			ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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			
	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	l		77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (	(2010)
		⊢orm	フプリ (	2012)

Pa	rt IV Checklist of Required Schedules (continued)	<u> </u>	<u> </u>	ay <del>o</del> -
	•		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		Х
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	}		
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
05-	Part V, line 1	34	-	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
50	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	00		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J,	and organization conduct more than 5% or to activities through an entity that is not a related organization	ı I	- 1	

and that is treated as a partnership for federal income tax purposes? *If* "Yes," *complete Schedule R, Part VI*38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	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 1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 1			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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 as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<b> </b>
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b> -		l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del> </del>
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?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	711		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.	_		
	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			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 100.			
11	Section 501(c)(12) organizations. Enter			ļ
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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	↓
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>↓</b>
	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			
	Enter the amount of reserves on hand	-	-	-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ı	I

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
<u>Sec</u>	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	1a		4	}	
	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.				İ	
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	ıp with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	-	Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a	ppoint	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, s	stockh	olders, or			
-	persons other than the governing body?		,	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e 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 rea	ached	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 R	evenu:	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 c	hapter	s, 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 bod	ly befo	re 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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," de	escribe			
	ın Schedule O how this was done			12c		
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 approve	al by ır	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		_X_
b	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 arrange	ment v	nth a			
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nızatıo	n's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	T (Sect	on 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, ai	nd finar	cial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	ation 🕨	·	
	SCIARABBA WALKER & CO., LLP - 607-272-5550					
	200 E.BUFFALO STREET, ITHACA, NY 14850					

Form 990 (2Q12)	PHI D	ELTA	THETA	FRATERNITY	15-0537015	_ Page <b>7</b>			
Part VII Compensation	of Office	ers, Dire	ectors, T	rustees, Key Emp	loyees, Highest Compensated				
Employees, and Independent Contractors									

Section A.	Officers, Directors,	Trustees. Kev E	mplovees, and Highest	Compensated Employees

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

- 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

(A)	(B)	ŀ		(C	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	hanl	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NICK VASKO	1.00	ļ							_	_
PRESIDENT	1	X	┞.	Х		ļ		0.	0.	0.
(2) SETH PEYLA	1.00	l						_	_	
VICE PRESIDENT	1 00	X		X				0.	0.	0.
(3) JARED GOLDMAN	1.00	١						•		•
TREASURER	1 00	X	_	Х	_			0.	0.	0.
(4) JORDAN SOATARO	1.00	١.,	1					0		0
SECRETARY		X	<u> </u>	Х	<u> </u>			0.	0.	0.
	-	ł								
			┢			<u> </u>		-		
		1			İ					
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	-		-							
			├-	<u> </u>		ļ				
									-	
								:		
				_	ļ	ļ				

	1 990 (2012) PHI DELTA TO VII Section A. Officers, Directors, Trust				_				Compensated Employee	15-05	<u> </u>	<u> </u>	age 8
	• (A) Name and title	(B) Average hours per week	(do	not c	() Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) (	ompensa from the rganizate and relate ganizat	ation ie tion ted
						,							
		-								<del>.</del>			
c d	Sub-total  Total from continuation sheets to Part VII  Total (add lines 1b and 1c)			-		<u> </u>	<b>&gt; &gt;</b>		0.	(	0.		0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportable			0
										-		Yes	No
3	Did the organization list any former officer, a line 1a? If "Yes," complete Schedule J for st	ıch ındıvıdual									3	_	х
<b>4</b> 5	For any individual listed on line 1a, is the suitand related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual	Ū	4		х
	rendered to the organization? If "Yes," comp	•									5		Х
	tion B. Independent Contractors  Complete this table for your five highest cor	nnonsated inc		ndo	nt o	ont	racto	re t	hat recoved more than	\$100,000 of comp	oncatio		
1	the organization. Report compensation for t										Brisatio	HOIH	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Com	(C) ensatio	n

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 819 1f Noncash contributions included in lines 1a-1f \$ 819. h Total. Add lines 1a-1f **Business Code** Program Service 2 a ROOM AND BOARD 721310 238,700. 238,700. **b SOCIAL ACTIVITIES** 900099 67,875 67,875. 52,745 52,745. c DUES AND FEES 900099 5,700. 900099 5,700. d PARLOR 900099 1,567. 1,567. SMC REBATE 1,239 900099 1,239 f All other program service revenue 367,826 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 32 32 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 1,025 Gross rents 0. **b** Less rental expenses 1,025. Rental income or (loss) 1,025 1,025 d 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 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 а **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total. Add lines 11a-11d

369.

702

367,826

Total revenue. See instructions.

057

Form 990 (2012) PHI DELTA THETA FRATERNITY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		s Part IX		
	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	77,000.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
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	33,815.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,409.			<u> </u>
10	Payroll taxes	4,483.			
11	Fees for services (non-employees)				
а	Management .				
b	Legal				
С	Accounting	12,500.			
d	Lobbying			_	
е	Professional fundraising services. See Part IV, line 17				v <del>-</del>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	0.075			
	column (A) amount, list line 11g expenses on Sch 0.)	2,875.			<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology Royalties		•		
15	Occupancy	176,881.			
16 17	Travel	170,001.			
18	Payments of travel or entertainment expenses		<del></del>		· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials			•	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,846.			
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.)		<del></del>		
а	COST OF FOOD	46,666.			
Ь	SOCIAL ACTIVITIES	23,807.			
C	MEMBER EXPENSES	22,446.			
d	ALL OTHER EXPENSES	14,285.			
	All other expenses	13,275.			
25	Total functional expenses. Add lines 1 through 24e	436,288.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here   if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			L	L

Form 990 (2012)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet			
	•	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	90,557.	1	85,506.
	2	Savings and temporary cash investments	60,871.	2	0.
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net	4,373.	4	600.
	5	Loans and other receivables from current and former officers, directors,			- -
		trustees, key employees, and highest compensated employees. Complete	•		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	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	
	15	Other assets See Part IV, line 11	19,000.	15	20,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,801.	16	106,606.
	17	Accounts payable and accrued expenses	2,854.	17	2,455.
	18	Grants payable		18	
	19	Deferred revenue		19	. <del>.</del>
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
iat		key employees, 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	18,013.	0.5	16,803.
		Schedule D	20,867.		19,258.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   □ and		20	19,230.
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
lan	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	28	Organizations that do not follow SFAS 117 (ASC 958), check here			
F		and complete lines 30 through 34.	·		
ts o	30	Capital stock or trust principal, or current funds	0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
t As	32	Retained earnings, endowment, accumulated income, or other funds	153,934.		87,348.
Š	33	Total net assets or fund balances	153,934.		87,348.
	34	Total liabilities and net assets/fund balances	174,801.	34	106,606.
	, 07	Total habilitigo alla flot abboto/faria ballarigoo		, .	Form <b>990</b> (2012)

Orn	1990 (2012) FILL DELTA THETA FRATERNITI	<u> </u>	22/072	_Page	12
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	369	<u>,70</u>	2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	436	, 28	8.
3	Revenue less expenses Subtract line 2 from line 1	3	-66	,58	6.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153	,93	<u>4.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	87	,34	<u>8.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII			L	
			\	es l	No
1	Accounting method used to prepare the Form 990 CashX 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>
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	:	<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
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	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a	:	<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PHI DELTA THETA FRATERNITY

Employer identification number 15-0537015

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 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	writing that the assets held in donor advised	funds
Ŭ	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
U	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or definer advisor, or for any other purpose of	Yes No
Pai		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		a motomo ottaviare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.	ned conservation contribution in the form of	a consolvation casement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements	•	2b
0	Number of conservation easements on a certified historic str	ructure included in (a)	20
d	Number of conservation easements included in (c) acquired	• •	
u	listed in the National Register	and for tribo, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the o	· · - · · · · · · · · · · · · · · · · ·
J	year	ioacca, changaichea, ch terrimatea by the ca	gameaton damig the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense st	atement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er 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 (As	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (As		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(iii) Assets included in Form 990, Part X	·	<b>\$</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial a	
_	the following amounts required to be reported under SFAS 1		• •
а	Revenues included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • •	<b>&gt;</b> \$
	Assets included in Form 990 Part X	•	<b>S S</b>

		TA THETA F			_					_ Page <b>2</b>
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	ıt are a sıç	ınıfıcant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	e		Other						_
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	he organizati	on's exen	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" to F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	is or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
ө	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				,		Yes	□ No
b	if "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided in l	Part XIII	•			
Pai	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	)			
		(a) Current year	(b) P	rıor year	(c) Two year	rs back (	d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	ı)) held as					<del>_</del>
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%	<del></del>							
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for the	e organiz	zation		
	by								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					_			3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	
_4_	Describe in Part XIII the intended uses of the	organization's endo	wment t	funds						
Par	t VI Land, Buildings, and Equipm	<b>ent.</b> See Form 990	), Part X,	line 10						
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value
		basıs (ınvestr	nent)	basis (	(other)	depi	eciation			
1a	Land .									_ <del></del>
b	Buildings .									
c	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	O(c))					0.

		<del> </del>	
		·	
			- <del></del>
			- <u> </u>
		<u> </u>	
(b) Book value	(c) Method of valu	ation Cost or end-of	year market value
·			
		<u> </u>	
Description			(b) Book value
			20,500
			<u> </u>
			· ·
		•	20,500
ine 25			
	(b) Book value		
	348.		
	16,000.		
	455.		
9 25 )	16,803.		
	(b) Book value  15 Description  9 15) line 25  4 25)  t of the footnote to the	15 Description  9 15) line 25  (b) Book value  348. 16,000. 455.  16,803.  ct of the footnote to the organization's financial st	(b) Book value (c) Method of valuation Cost or end-of

PHI DELTA THETA FRATERNITY

15-0537015 Page 3

<u>Sche</u>	<u>dule D</u>	(Form 990) 2012 PHI DELTA THETA FR		<u> 15-</u>	0537015 Page <b>4</b>
Par	t XI	Reconciliation of Revenue per Audited Financi	cial Statements With Revenue per I	Return	1
1	•Total r	revenue, gains, and other support per audited financial stater	nents	1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net ur	nrealized gains on investments	. 2a		
b	Donat	ted services and use of facilities	2b	7 1	
c	Recov	veries of prior year grants	2c	7	
d	Other	(Describe in Part XIII)	2d	7	
е	Add III	nes 2a through 2d		2ө	
3	Subtra	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII)	4b	]	
С	Add li	nes 4a and 4b		4c	
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part	I, line 12)	5	
Pa	t XII	Reconciliation of Expenses per Audited Finar	ncial Statements With Expenses pe	Retu	irn
1	Total	expenses and losses per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25.			
а	Donat	ted services and use of facilities	2a	_	
b	Prior y	year adjustments	2b	]	
С	Other	losses	2c	_	
d	Other	(Describe in Part XIII)	2d	_}	
ө	Add in	nes 2a through 2d		2е	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	
b	Other	(Describe in Part XIII)	4b	_	
C	Add III	nes 4a and 4b		4c	
5		expenses Add lines 3 and 4c. (This must equal Form 990, Pai	rt I, line 18)	5	
Pai	<u>t XIII</u>	Supplemental Information			<u></u> .
		nis part to provide the descriptions required for Part II, lines 3, rt XI, lines 2d and 4b. Also comp			2b, Part V, line 4, Part

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public OMB No 1545-0047

Inspection

Schedule I (Form 990) (2012) CORP FOR FIRE SUPPRESSION Employer identification number CAPITAL EXPENSE OF HOUSE 15-0537015 (h) Purpose of grant or assistance SPRINKLER SYSTEM X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 75,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. PHI DELTA THETA FRATERNITY 501(C)7 Enter total number of other organizations listed in the line 1 table 16-6070754 General Information on Grants and Assistance (P) EIN critena used to award the grants or assistance? PHI DELTA THETA NEW YORK ALPHA INC 1 (a) Name and address of organization or government C/O 200 E BUFFALO ST. Name of the organization ITHACA NY 14850 Parti Part II

232101 12-18-12

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE FUNDS WERE USED FOR CAPITAL IMPROVEMENTS ON THE PROPERTY THAT IS LEASED BY THE (d) Amount of non-cash assistance MONITORING USE OF FUNDS - OBSERVATION OF IMPROVEMENTS. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ORGANIZATION 232102 12-18-12 Part III

15-0537015

PHI DELTA THETA FRATERNITY

Schedule I (Form 990) (2012)

### **SCHEDULE O**

(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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PHI DELTA THETA FRATERNITY

Employer identification number 15-0537015

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNIVERSITY.
ONIVERDIII.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS COMPOSED OF
FRATERNAL MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS HAVE THE POWER TO ELECT
THE MEMBERS OF THE GOVERNING BODY.
THE HEALTH OF THE COVERENCE DESIGNATION OF THE COVERED DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERED DESIGNATION OF THE COVERENCE DESIGNATION OF THE COVERENCE DESIGNATION OF THE CO
FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE GOVERNING BODY
ARE SUBJECT TO APPROVAL BY THE MEMBERS.
THE BODO BOT TO THE THOUSAND THE THEORY
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
MOTHORITI TO ACT ON BEHABLE OF THE GOVERNING BODI.
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS SENT TO THE OFFICERS
FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.