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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

benefit trust or private foundation)

Open to Public

OMB No 1545-0047

For the 2012 calendar year, or tax year beginning and ending JUN 30, JUL 2012 Check if C Name of organization D Employer identification number Address change PHI KAPPA TAU, ALPHA TAU CHAPTER Name change 15-0537019 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-200 EAST BUFFALO ST. SUITE 402 607-272-5550 City, town, or post office, state, and ZIP code 428,410. G Gross receipts \$ Applica-ITHACA, NY 14850 H(a) Is this a group return pending F Name and address of principal officer. LEKSHMI NARAYAN SIVAKUMA Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status. \square 501(c)(3) \blacksquare 501(c) (4947(a)(1) or [7) **◄** (insert no.) If "No," attach a list. (see instructions) Website: ► HTTP://CORNELL.PHIKAPPATAU.ORG/ **H(c)** Group exemption number ▶ Corporation Trust X Association K Form of organization: Year of formation: 1930 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities. PROVIDE HOUSING AND FELLOWSHIP Governance TO MATRICULATED UNDERGRADUATE MEMBERS OF PHI KAPPA TAU AT CORNELL Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C) Ine 12 SEP 1 6 2013 7a b Net unrelated business taxable income from Form 990-T. line 34 7h **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 395,778 Program service revenue (Part VIII, line 2g) 428,410. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ο. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 395,778. 428<u>,410.</u> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,807. 87,487. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,102 29,505. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 331,119. 358,640. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 362,028 475,632. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,750. -47,222. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 222,517. 178,728. 26,705 21 Total liabilities (Part X, line 26) 30,138. 148,590 Net assets or fund balances. Subtract line 21 from line 20 195,812 Part II | Signature Block 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 LEKSHMI NARAYAN SIVAKUMAR, TREASURER Type or print name and title Date Print/Type preparer's name Preparer's signature Paid CAROLYN AUSTIN P01433679 self-employed Firm's name SCIARABBA WALKER & CO., Preparer 16-1071694 Use Only Firm's address 200 E BUFFALO ST, SUITE 402 ITHACA, NY 14850 607-272-5550 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes [

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

	rt 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? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	Other program and uses (December in Cabadula O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ Including grants of \$ (Revenue \$)
4-	Total program service expenses

Form **990** (2012)

-				
	!		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	_		7.
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		-42
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	140	 -	
13	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Γ
	complete Schedule G, Part III	19	<u></u>	X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Part IV | Checklist of Required Schedules (continued)

		Form	990	(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_ _ _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
٠.	Part V, line 1	34		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			 -
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
-	Schedule N, Part II	32		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
٠.	If "Yes," complete Schedule N, Part I	31		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 27
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
я	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
~ 1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20		Λ
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		
	Schedule L, Part I	25b		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
•	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		-	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	_
	Schedule K. If "No", go to line 25	24a		х
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		х
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	<u> </u>	
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	х	
24	Did the organization report more than \$5,000 of grants and other accustones to any accument or organization in the		Yes	No
•				Γ

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Pai						
	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	3			i
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportab	le gamıng			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i				
	filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3 <u>b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	1)?	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	Account	ts.			
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 trans	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or	gıfts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ì			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	rvices pr	ovided to the payor?	7 <u>a</u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as requ	ıred			
	to file Form 8282?		ļ	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract	? .	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf	ract?	,	_7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [· · ·			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1	4 560			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	4,560.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[10b]	0.			
11	Section 501(c)(12) organizations. Enter:	11				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
40-	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				_	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			į		
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the	40.				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	-	4.		7.7
148	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

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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.

	to line da, ob, or rob below, describe the circumstances, processes, or changes in schedule O. See instructions.								
	Check if Schedule O contains a response to any question in this Part Vi			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 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.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х					
_	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		ا <u></u> ا						
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	The governing body?	<u>8a</u>	X						
	Each committee with authority to act on behalf of the governing body?	8b		<u> X</u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>					
3ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
100	Did the organization have local chapters, branches, or efficience?	40:	Yes	No					
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		<u> </u>					
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Ita Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	DESCRIPTION OF THE PROPERTY OF								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
Ť	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		x					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec.	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	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 and records of the organization	ion [.] 🕨	·						
	SCIARABBA WALKER & CO., LLP - 607-272-5550								
	200 E BUFFALO ST., ITHACA, NY 14850								

Form 99	n /2	ヘィツ	

15-0537019

Form 990 (2012) PHI KAPPA TAU, ALPHA TAU CHAPTER 15-0!

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

X Check this box if neither the organization	l	ai iiZe			iibei	isai			(F)		
(A)	(B)			Pos	C) Ition	,		(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				is bot	han tee\	compensation	compensation	amount of	
	week	-			10010	77.0 (3.5	Γ.	from	from related	other	
	(list any	age 1					İ	the	organizations	compensation	
	hours for	5	88			sated		organization	(W-2/1099-MISC)	from the	
	related	ustee	trust		l g	bens	l	(W-2/1099-MISC)		organization	
	organizations	를	onal		l d	tcon ee	١			and related organizations	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			Organizations	
	1.00	트	트	ō	<u> </u>	Ξĕ	<u> </u>				
(1) PATRICK NOWAK	1.00	X		х	ļ			0.	0.	0.	
PRESIDENT	1.00	^		Λ				0.	0.		
(2) MAX TUROWSKY	1.00	X		x				0.	0.	0.	
VICE PRESIDENT	1.00	Δ		Λ		H	_	U •	0.	<u> </u>	
(3) CHARLES BUCHER	1.00	X		X				0.	0.	0.	
SECRETARY	1.00	Λ		Λ	-			0.	0.		
(4) LEKSHMI NARAYAN SIVAKUMAR	1.00	X		x				0.	0.	0.	
TREASURER		Λ		^				0.	0.		
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	 -			
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from the	(E) Reportable compensation from related		n amount other		
		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	2)	from the organization organizat		e ion ed
-		line)	<u>=</u>	Sul	8	Ke	₹ 5	<u>S</u>						
-				-							-			
											\dashv			
			<u> </u>									<u> </u>		
	Sub-total Total from continuation sheets to Part V	II, Section A					>		0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	· · · · · · · · · · · · · · · · · · ·	0.			0.
з	Did the organization list any former officer,	director or tra	ıeta	o ka	av er	mole)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	or	highest compensated e	mnlovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual			•	•	-					3		X
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sch	edul	e J i	for such individual			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	-				-		eiai	ed organization or indiv			5		X
1	Complete this table for your five highest co										ens	ation f	rom	
	the organization Report compensation for (A) Name and business			ONI		with	or w	11.5311	(B) Description of s		— С		C) nsatio	n
				<u> </u>	_			_						
				-										-
													_	
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mıte	d to		se li 0_	stec	d above) who received n	nore than				

Form 990 (2012) PHI KAP
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a			-		
필		Membership dues	1b					
e E		Fundraising events	1c]
# i		Related organizations	1d					
S,E								
Ρίς	f	All other contributions, gifts, gran						
E E		sımılar amounts not included abo	1 1					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> €	h	Total. Add lines 1a-1f						
				Business Code				
8	2 a			721310	202,542.			
ē Š	b			721310	136,768.	136,768.		
Program Service Revenue	C			900099	82,612.	82,612.		
e a	d			900099	3,014.	3,014.		
5	е	SMC - REBATE		900099	2,675.	2,675.		
٩	f	All other program service reve	enue	900099	799.	799.		ļ
	9	Total. Add lines 2a-2f		▶	428,410.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		.				
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		▶				
	_		(i) Real	(II) Personal				
	6 a							
	b			-				
	C	` '						
		Net rental income or (loss) Gross amount from sales of	(i) Cocurring					
	/ a		(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis						
	b	and sales expenses						
1	_	Gain or (loss)						
		Net gain or (loss)		—				İ
		Gross income from fundraisin	a events (not					
nge	-	including \$	of					
Other Rever		contributions reported on line	1c), See					
Ř.		Part IV, line 18	а					
t l	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
:	c	Net income or (loss) from gam	ning activities	▶				
	10 a	Gross sales of inventory, less	returns					
ļ		and allowances	а					
	b	Less. cost of goods sold _	. b					
ļ	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	e	Business Code				
I	11 a							-
	b							
Ì	С			-				
ļ	d	All other revenue						
		Total Add lines 11a-11d			120 110	A20 A10		
22222	12	Total revenue. See instructions.			428,410.	428,410.		. 0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon		is Part IX		X
	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	86,737.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	750.			
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	25,722.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		***		
9	Other employee benefits				
10	Payroll taxes	3,783.	 .		
11	Fees for services (non-employees)				
а					
þ	Legal		·•		
C	Accounting	11,800.			
d	, ,				
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 205			
40	column (A) amount, list line 11g expenses on Sch O.)	3,285.			
12	Advertising and promotion Office expenses	754.			
13	Information technology	134.			
14 15	Royalties				
16	Occupancy	131,437.			
17	Travel	131,437.			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,152.			
20	Interest		 .		
21	Payments to affiliates			-	-
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COST OF FOOD	78,567.			
	ACTIVITIES	42,916.			
С	NEW MEMBERS	20,839.			
d	DUES AND FEES	17,741.			
е	All other expenses SEE SCH O	48,149.			
25	Total functional expenses. Add lines 1 through 24e	475,632.			
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 rf following SOP 98-2 (ASC 958-720)	!			

15-0537019 Page 11 Form 990 (2012) PHI KAPPA TAU, ALPHA TAU CHAPTER Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 189,182. 148,128. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 135. 0. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 0. 4,000. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 29,200. 30,600. 15 Other assets. See Part IV, line 11 15 178,728. 222,517. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,005. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 21,700. 27,942. 25 Schedule D 26,705. 30,138. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34.

> 178,728. Form **990** (2012)

148,590.

148,590.

0.

0.

0. 30

0.

195,812.

195,812.

222,517.

31

33

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

orm	1990 (2012) PHI KAPPA TAU, ALPHA TAU CHAPTER 15	<u>-0537019</u>	Pag	ge 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)			<u> 10.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			<u>32.</u>
3	Revenue less expenses. Subtract line 2 from line 1			<u>22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	19!	<u>5,8</u>	<u>12.</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses . 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	148	3,5	<u>90.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u>-</u>		<u>Ш</u>
		\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	s,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	o		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single At	udit		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or	ıdıt		
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite	2h		1

Form **990** (2012)

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

		<u>HA TAU CH</u>				15-053	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Ot	her Similar Fun	ds or A	ccount	ts. Complete ri	the
	organization answered "Yes" to Form 990, Part IV, line	e 6.					
		(a) Donor a	advised funds	(1	b) Funds	and other acc	ounts
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			Ť			
5	Did the organization inform all donors and donor advisors in	writing that the acc	eate hold in donor ad	lyicod fun	de	· -	
5				WISEG IGH	45	☐ Yes	□ No
_	are the organization's property, subject to the organization's			ha waad a	بام	res	
6	Did the organization inform all grantees, donors, and donor a	•	-		•		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, o	ror any otner purpo	se conten	ring		
Dav	impermissible private benefit?					Yes	No_
Par		-), Part IV,	line /		
1	Purpose(s) of conservation easements held by the organization	ion (check all that a	apply)				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an	historicall	y importa	ant land area	
	Protection of natural habitat		Preservation of a c	ertified his	storic str	ucture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation o	ontribution in the fo	rm of a co	nservatio	on easement o	n the last
	day of the tax year.						
					He	eld at the End of	the Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements	•		·	2b		
С	Number of conservation easements on a certified historic str	ructure included in	(a)		2c		-
ď	Number of conservation easements included in (c) acquired		• •	icture			
_	listed in the National Register	u			2d		
3	Number of conservation easements modified, transferred, re	leased extinguish	ed or terminated by	the organ		uring the tax	
J	year	neasca, extingation	ou, or tollimitated by	ino organ	Lation	anny ano tax	
4	Number of states where property subject to conservation ea	heterol is located					
	Does the organization have a written policy regarding the per		•	– of			
5		_	ispection, nationing	O1		Yes	□No
_	violations, and enforcement of the conservation easements i	•		a duma t	20 voor 2		
6	Staff and volunteer hours devoted to monitoring, inspecting,	-		_			
7	Amount of expenses incurred in monitoring, inspecting, and				_		
8	Does each conservation easement reported on line 2(d) above	ve satisty the requi	rements of section 1	70(n)(4)(B)(1)		
	and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIII, describe how the organization reports conservati		•				
	include, if applicable, the text of the footnote to the organiza	ition's financial stat	ements that describ	es the org	janizatior	n's accounting	for
	conservation easements			0.1	· ··		
Par	t III Organizations Maintaining Collections o	=		Other :	Similar	Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	·				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue sta	tement ar	nd baland	ce sheet works	of art,
	historical treasures, or other similar assets held for public extension	hibition, education	or research in furth	erance of	public se	ervice, provide	, ın Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report i	n its revenue statem	ent and b	alance sl	heet works of	art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or resear	ch in furtherance of	public ser	vice, pro	vide the follow	ing amounts
	relating to these items.						
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X			•	▶ \$		
2	If the organization received or held works of art, historical tre	asures, or other si	milar assets for finan	cial dain			
_	the following amounts required to be reported under SFAS 1			Time gani,			
•	Revenues included in Form 990, Part VIII, line 1	1 10 (AGO 300) Telat	ing to these items		▶ \$		
	Assets included in Form 990, Part X	•	• •	•	Ψ_		
U	Asserts included in Form 350, Early				- Ψ		

		<u>PA TAU, AL</u>							<u>37019</u>	
	t III Organizations Maintaining C									
`3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	e following tha	at are a sigr	ııfıcant u	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	· 🔲 ເ	oan or ex	change progr	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	illections and explai	n how th	ey further	the organizat	ion's exemp	ot purpo	se in Par	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical tre	asures, or oth	ner simılar a	ssets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's c	collection?	_			Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizati	on answered	"Yes" to Fo	rm 990,	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for o	contributio	ns or other a	ssets not in	cluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able						
	-								Amount	
С	Beginning balance	_					1c			-
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has bee	n provided in	Part XIII				
Par										
		(a) Current year	(b) P	rıor year	(c) Two year	ars back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses		-							
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column	(a)) held as:	_				
а	Board designated or quasi-endowment	•	%	_						
b	Permanent endowment	%								
С	Temporarily restricted endowment	 %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held	and administ	ered for the	organiz	ation	_	
	by [.]								Y	es No
	(i) unrelated organizations				·				3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment 1	funds.						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.						
	Description of property	(a) Cost or o			st or other s (other)	1 ''	umulate eciation	ed	(d) Book	value
1a	Land .									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c).)					0.

		(Form 990) 2012		<u>KAPPA</u>				CHAPTE			<u>0537019</u>	Page 4
Par	t XI	Reconciliation of	Reven	ue per /	<u>Audited</u>	Financial	Staten	ents With	h Revenue p	oer Return	l	
`1	Total r	evenue, gains, and oth	er suppoi	t per audr	ted financ	ıal statement	s			. 1		
2	Amou	nts included on line 1 b	ut not on	Form 990	, Part VIII,	line 12 [·]						
а	Net ur	realized gains on inves	tments					2a				
þ	Donat	ed services and use of	facilities					2b				
С	Recov	eries of prior year grant	s					2c				
d	Other	(Describe in Part XIII.)						2d				
е	Add Iır	nes 2a through 2d .								2e		
3	Subtra	act line 2e from line 1	-							3		
4	Amou	nts included on Form 9	90, Part V	'III, line 12	, but not c	on line 1:						
а	Invest	ment expenses not incl	uded on l	Form 990,	Part VIII,	line 7b		4a				
b	Other	(Describe in Part XIII)						4b				
C	Add lir	nes 4a and 4b								4c		
5		evenue Add lines 3 and								5		
Par	t XII	Reconciliation of	Expen	ses per	Audited	d Financia	ıl Stateı	nents Wit	th Expenses	per Retu	rn	
1	Total e	expenses and losses pe	r audited	financial	statement	s .				1		
2	Amou	nts included on line 1 b	ut not on	Form 990	, Part IX, li	ne 25.				l i		
а	Donate	ed services and use of	facilities					2a				
b	Prior y	ear adjustments						2b				
C	Other	losses						2c				
d	Other	(Describe in Part XIII)						2d				
е	Add Iir	nes 2a through 2d								2e		
3	Subtra	ct line 2e from line 1								3		
4	Amour	nts included on Form 99	90, Part 1)	, line 25, l	but not or	line 1 [.]						
а	Invest	ment expenses not incl	uded on l	Form 990,	Part VIII, I	ine 7b		4a				
b	Other	(Describe in Part XIII)						4b				
		nes 4a and 4b								4c		
5_	Total e	xpenses. Add lines 3 a	nd 4c. (TI	nis must e	<u>qual Form</u>	990, Part I, I	ine 18.)			5		
		Supplemental Inf										
		is part to provide the de t XI, lines 2d and 4b; ar									zo; ⊬aπ v, line	4, Part
							-					

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047

Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2 | Schedule I (Form 990) (2012) Employer identification number 15-0537019 PRANSFER TO HOUSE CORP FOR CAPITAL EXPENSE OF (h) Purpose of grant or assistance FIRE SUPPRESSION X Yes SPRINKLER SYSTEM 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) ö (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 85,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ALPHA TAU CHAPTER (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)7 Enter total number of other organizations listed in the line 1 table 16-0878766 Part I General Information on Grants and Assistance (b) EIN PHI KAPPA TAU, critena used to award the grants or assistance? 1 (a) Name and address of organization PHI KAPPA TAU HOUSE CORP or government C/O 200 E. BUFFALO ST. Name of the organization ITHACA, NY 14850 Part

Page 2 (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. (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 USE OF THE FUNDS WERE ON THE PROPERTY THAT IS LEASED BY THIS ORGANIZATION. (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 Part III

15-0537019

PHI KAPPA TAU, ALPHA TAU CHAPTER

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

232102 12-18-12

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization ALPHA TAU CHAPTER 15-0537019 PHI KAPPA TAU, FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY. FORM 990, PART VI, SECTION A, LINE 6: THE FELLOWS OF THE ORGANIZATION ARE MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS HAVE VOTING RIGHTS AND VOTE FOR THE OFFICERS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE ORGANIZATION ARE VOTED ON BY ITS MEMBERS. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS SENT TO THE TREASURER FOR REVIEW & DISTRIBUTION BEFORE IT IS SIGNED. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS ARE ASKED TO READ AND SIGN A CONFLICT OF INTEREST POLICY EVERY YEAR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization PHT KARRA MAIL ALRIA MAIL CHARRED	Employer identification number 15-0537019
PHI KAPPA TAU, ALPHA TAU CHAPTER	
POTAL EXPENSES	15,574.
BROTHERHOOD:	-
TOTAL EXPENSES	8,002
SMC SURCHARGES :	
TOTAL EXPENSES	5,601.
CHAPTER :	
TOTAL EXPENSES	4,405.
SUPPLIES :	
TOTAL EXPENSES	3,961.
ALUMNI :	
TOTAL EXPENSES	3,372
APPAREL :	
TOTAL EXPENSES	3,104
COMPOSITE :	
TOTAL EXPENSES	2,599
PRIOR YEAR :	
TOTAL EXPENSES	667
PUBLIC RELATIONS :	
TOTAL EXPENSES	512

Schedule O (Form 990						Page 2
Name of the organizati		PPA TAU,	ALPHA TAU	CHAPTER		Employer identification number 15-0537019
	_					
HISTORIAN :						
TOTAL EXPEN	SES					195.
BAD DEBT:				· · · · · · · · · · · · · · · · · · ·		
TOTAL EXPEN	SES					135.
NYS TAXES A	ND FEES :					
TOTAL EXPEN	SES					22.
TOTAL OTHER	EXPENSES	ON FORM	990, PART	IX, LINE	24E, COL	A 48,149.
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