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#### 990 Form

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
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A F	or the	2015 calendar year, or tax year beginning 07-01	, 2015, and en	ding	06-30	, 2016
B c	heck if a	pplicable C Name of organization Phi Eta Sigma National Honor Soc	lety, Inc.		D E	imployer identification no.
Ad	ddress d	nange Doing business as			61	-1286470
☐ Na	ame cha	nge Number and street (or P O box if mail is not delivered to street address)		Room/suite	ET	elephone number
☐ In	itial retui	n 1906 College Heights Blvd		11062	(2	70) 745-6540
FI FI	nal retur	Viterminated City or town, state or province, country, and ZIP or foreign postal code	······································			951,160
Ħ	mended				ا ا	Gross receipts\$
$\equiv$		pending F Name and address of principal officer Elaine Powell				i coo i cooipie
L /4	ppiioutio.	Same as C above		H(a) Is this a gr subordinat	oup return fo	Yes 🗓 No
1 70			· · · · · · · · · · · · · · · · · · ·	_		= =
	ax-exemp lebsite:			H(b) Are all sub	o," attach a l	cluded? Yes No st (see instructions) ber
				· · · · · · · · · · · · · · · · · · ·		
Par		ganization	ar of formation 19	922 M State	of legal dor	nicile KY
11/1011/	Z 3951					
	1		ourage and			olastic
9		achievement among first-year students in institutions	of higher	learning.		
E E						
Ē						
Š	1	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo				
<u>ح</u>	1				3	9
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		• • • • • • • •	4	9
Activities & Governance	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	4
\cti	6	Total number of volunteers (estimate if necessary)			6	2,500
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · ·			7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0
				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)				0
<u>e</u>	9	Program service revenue (Part VIII, line 2g)		751	,361	709,433
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		281	,270	241,362
ě	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				365
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del> </del>	1,032	. 631	951,160
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			,250	275,750
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		223	,874	222,915
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<i></i> .			0
<b>2</b>	Ь	Total fundraising expenses (Part IX, column (D), line 25)	o 🖁			
2016 Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7.0=	A PART OF THE PART	,589	248,853
<b>ை</b>	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	ا الله الله الله الله الله الله ال		,713	747,518
<b>e</b>	19	Revenue less expenses Subtract line 18 from line 12			,918	203.642
8ء ح		4 UC 3 1 20	340 11	Beginning of Curren		End of Year
D NOV	20	Total assets (Part X, line 16)	12	6,548		6,890,664
က္ကဏ္တ	21	Total liabilities (Part X, line 26)			,845	52,632
Set A	22	Net assets or fund balances. Subtract line 21 from line 20				
= = =	त्राष्ट्र	Signature Block	Co ribat le .	6,525	,056	6,838,032
Under	4.7	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my kn	owledge and belief.	t is	<del></del>
		d complete Declaration of preparer (other than officer) is based on all information of which preparer has any l				
Ō					10	24/2016
Sigi	n	Signature of officer			Date	21/2016
Her						
HIE	-	Elaine Powell, Exec Dir Type or print name and title	<del></del>		<del></del>	<del></del>
-		<u></u>				
D-!-		The type prepared a figure	ate	Check L	] if PTIN	
Paid		.	-26-2016	self-employ	ed :	P00434503
	parei			Firm's EIN	<del> —</del>	
Use	Only			Phone no		
		Bowling Green KY 42102-0943		2	70-842	
		6 discuss this return with the preparer shown above? (see instructions)	· · · · · · · ·	<u> </u>	<u> </u>	· · 🗌 Yes_ 🔀 No
For F	aperv	ork Reduction Act Notice, see the separate instructions.				Form 990 (2015)

	990 (2015) Phi Eta Sigma National Honor Society, Inc.	61-1286470,	Pa⊕ 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · []
1	Briefly describe the organization's mission		
	To encourage and reward high scholastic achievement among first-year studer	nts in institu	tions
	of higher learning.		<del></del>
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 k	No
	If "Yes," describe these new services on Schedule O		•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · 🗌 Yes 🛭	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 accomplishments for each of its three largest program services.	•	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$565,553 including grants of \$275,750 ) (Revenue		150)
	Encourage academic excellance by awarding scholarships to college student metallicity and a scholarship and a scholar scholarship and a scholar sc	members who ac	hieve
	high academic standards.		
		<del></del>	
			_
		·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
		<del></del>	
			·
		<del>.</del>	
4c	(Code including grants of \$) (Revenue	\$	)
		<del></del>	
		·-···	
			<del></del>
4d	Other program services (Describe in Schedule O )		-
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 565,553		

Part IV

**Checklist of Required Schedules** 

No Yas Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 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 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III R 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 Х 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, . . . . v VII, VIII, IX, or X as applicable. a 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 Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 (see instructions) . . . . . . . . . . . . . . . . . . 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Part IV

Checklist of Required Schedules (continued)

Yes Nο 20a Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 25a 24a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. 27 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 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Parti........... 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 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 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ...... If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 19? Note, All Form 990 filers are required to complete Schedule O .............

# 15) Phi Eta Sigma National Honor Society, Inc. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V PartV

	Check if Schedule O contains a response or note to any line in this Part V			П
	Oncor ii ochequie o contains a response of note to any line in this Part V	Ť	<u></u>	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
''.				
c			i	
·	Did the organization comply with backup withholding rules for reportable payments to vendors and	40	V	
2-	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return		الجب	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	غاز کسس	Χ	
	, and the same and a second area and a			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		ĺ	
	account)?	4a		Χ_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	一	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 the		- +	
	organization 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 contributions or	-		
~	gifts were not tax deductible?	6b	l	
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		Х
h		7b		
	and the dispersion of the disp	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del>,</del>
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	41.7		. 7
11	Section 501(c)(12) organizations. Enter	, A.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
а	Gross income from members or shareholders	°.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	17.		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
EEA	is les, tias it nieu a i onii 120 to report tilese payments (ii i iao, provide an explanation in scriedule o	Form	990 (°	2015)
CEA				/

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 or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► KY 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) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Elaine Powell (270) 745-6540, 1906 College Heights Blvd, Bowling Green, KY 42101-1062

5 000 (204	5)	_									
Form 990 (201	5) Phi Eta Sigma Nati Compensation of Officers, Direc								Highest Com	61-12864	
	Independent Contractors	tors, mus	,,,,,,	,	cy i		picyc	,63	, riigilest con	ipensateu Em	pioyees, and
	Check if Schedule O contains a response or	note to any li	ine in ti	hıs F	art '	VII					🗆
Section A.	Officers, Directors, Trustees, Key Employ					_					
1a Complete to organization's	his table for all persons required to be listed fatax year	Report compe	ensatio	n fo	r the	cale	endar y	ear	ending with or with	in the	
	• 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										
<ul> <li>List all o</li> </ul>	f the organization's current key employees, if	any See inst	truction	s fo	r de	finitio	on of "k	ey (	employee "		
who received r	• 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.										
	f the organization's <b>former</b> officers, key emplo portable compensation from the organization						l emplo	yee	s who received mo	ore than	
	f the organization's <b>former directors or trust</b> nore than \$10,000 of reportable compensatior									ee of the	
List persons in	the following order individual trustees or dire	ctors, instituti	ional tr	uste	es. e	office	ers. ke	v en	nolovees: highest		
•	employees; and former such persons.	,			,			•	, , , , ,		
Check this	box if neither the organization nor any related	organization	comp	ensa	ated	any	curren	ıt of	ficer, director, or tru	ıstee	
						(C)					
	(A)	(B)	l (do r	not ch		sition	han one		(D)	(E)	(F)
	Name and Title	Average	box,	unle	ss pe	rson :	s both ar	n	Reportable	Reportable	Estimated
		hours per week (list any	offic	er an	d a di	rector	r/trustee)	)	compensation from	compensation from related	amount of other
		hours for related	0 =	=	0	_	οΞ	ח	the organization	organizations (W-2/1099-MISC)	compensation from the
	•	organizations	rdire	nstitut	Officer	Key employee	mple	ome	(W-2/1099-MISC)	(VV-2/1099-MISC)	organization
		below dotted line)	cbr	ional		nploy	yee yee	-			and related organizations
			Indwidual trustee or director	Institutional trustee		e	npen				<b>U</b> =
				8			Highest compensated employee				
(1) Elaine	Powel 1	40.00			$\vdash$						
Exec D:					Х		Х		77,250	0	00

- (A) Name and title	(B) Average hours per week (list any	Posttion (do not check more than one box, unless person is both an officer and a director/trustee)				both an		(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted 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
(15)				•						
(16)										
(17)										
(18)										
(19)										
(20)										_
(21)								-		
(22)										
(23)										
(24)					1					
(25)	<b>-</b>									
1b Sub-total	ction A · ·						<b>.</b>	77,250	) 0	0
Total number of individuals (including but not limit reportable compensation from the organization	ed to those liste	ed abo	ve) v	who	rece	ived n	ore		0	
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule					_			ensated		Yes No
For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	reportable com <sub>l</sub> an \$150,000? If	pensat "Yes,"	ion a	nd o	ther e Sc	r comp chedul	ensa e J fo	ation from the		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes Section B. Independent Contractors	•		-			-		on or individual		5 X
Complete this table for your five highest compensation from the organization Report compensation.  Year.	•									
(A) Name and business addre	ess							Description of		(C) Compensation
				-						
Total number of independent contractors (including received more than \$100,000 of compensation from the c	-		ose •	liste	d ab	ove) w	ho		3	

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or Revenue excluded from tax under sections 512-514 Total revenue Unrelated exempt revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . . . . . 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . . 10 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ...... **Business Code** Program Service Revenue 2a <u>Initiation Fees - Gener</u> 900099 506,220 506,220 b Initiation Fees-Founder 900099 126,555 126,555 C Honor Cords 900099 73,660 73,660 d Program Cert Cvrs 900099 941 941 e Work Study Reimb 900099 827 827 f All other program service revenue . . . . . . 900099 1,230 1,230 g Total. Add lines 2a-2f 709,433 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . 241,362 241,362 Income from investment of tax-exempt bond proceeds 5 284 284 (II) Personal (ı) Real 6a Gross rents **b** Less: rental expenses • • • • c Rental income or (loss) · · · d Net rental income or (loss) . . 7a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . . . . . . c Net income or (loss) from fundraising events 9a Gross income from gaming activities **b** Less direct expenses c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less . લ returns and allowances . . . c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue 7,0 **Business Code** 11a Misc 900099 d All other revenue . . . e Total. Add lines 11a-11d 81 12 Total revenue. See instructions 951,160 0 951,160

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported	ontains a response or note to an	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	on lines 60, 70,	Total expenses	Program service	Management and	Fundraising
Grants and other assistance t	o domestic organizations		expenses	general expenses	expenses
and domestic governments	•				
2 Grants and other assistance t	ì				
individuals See Part IV, line 2		275 750	275 750		
3 Grants and other assistance t		275,750	275,750		
	•				
organizations, foreign governi	<del>-</del>				
individuals See Part IV, lines					
4 Benefits paid to or for member					A
5 Compensation of current office	'				
trustees, and key employees		77,250		77,250	
6 Compensation not included a	' '				
persons (as defined under se	ì				
persons described in section					
•		104,900	52,450	52,450	
8 Pension plan accruals and co	· ·				
section 401(k) and 403(b) em	· ·	25,529	7,659	17,870	
9 Other employee benefits •	j				
10 Payroll taxes · · · · · ·		15,236	4,571	10,665	
11 Fees for services (non-emplo	•				
a Management					
b Legal · · · · · · · · · · · ·					
c Accounting		11,890		11,890	
d Lobbying					
e Professional fundraising serv	ices. See Part IV, line 17				
f Investment management fees					
g Other (If line 11g amount exc	eeds 10% of line 25, column	-			
(A) amount, list line 11g expe	nses on Schedule O) · ·				
12 Advertising and promotion		1,412	1,412		
13 Office expenses · · · · ·		22,091	14,735	7,356	
14 Information technology · ·		1,315	657	658	
15 Royalties		,			
16 Occupancy · · · · · ·					
18 Payments of travel or enterta	inment expenses				
for any federal, state, or local	·				
19 Conferences, conventions, a	·	64,108	64,108		
20 Interest · · · · · · · · · ·	•	04,100	04,100		
21 Payments to affiliates	'	}-			
22 Depreciation, depletion, and		2,811		2,811	
23 Insurance			2 221	2,011	<del></del>
24 Other expenses. Itemize exp		3,231	3,231		
			le le		
above (List miscellaneous ex					87
line 24e amount exceeds 109		And the state of t			
(A) amount, list line 24e expe	inses on schedule ()			المستنبي والمستنب المستنب	
a Publications		41,521	41,521		
b Processing Fees		10,486	10,486		
c Materials Sold/Shi		75,695	75,695		
d Enrollment Expense	8	10,278	10,278		
e All other expenses		4,015	3,000	1,015	
25 Total functional expenses.		747,518	565,553	181,965	
26 Joint costs. Complete this li					
organization reported in colu		ļ <b>[</b>			
trom a compined entications	CONTRACTOR ALLA	1		I .	i
from a combined educational fundraising solicitation. Chec		1		1	

Form 990 (2015)

		Check if Schedule O contains a response or note to any line in this Part X	. <b></b> .		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,157,196	1	933,108
	2	Savings and temporary cash investments	366,010	2	519,875
ļ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	98,831	4	63,481
	5	Loans and other receivables from current and former officers, directors.	30/032		05/101
		trustees, key employees, and highest compensated employees			
Ì		Complete Part II of Schedule L		5	
	6	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 instructions) Complete Part II of Schedule L		6	
(A)	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	40,061	8	71,293
As	9	Prepaid expenses and deferred charges	10,000	9	7,412
	10a	Land, buildings, and equipment. cost or			
ļ		other basis. Complete Part VI of Schedule D 10a 35,892			
	b	Less accumulated depreciation · · · · · · · · · 10b 30,495	7,154	10c	5,397
ĺ	11	Investments - publicly traded securities	4,818,878	11	5,242,555
}	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	·	13	
	14	Intangible assets		14	
ļ	15	Other assets See Part IV, line 11	50,771	15	47,543
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,548,901	16	6,890,664
	17	Accounts payable and accrued expenses	23,845	17	52,632
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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, key employees, highest compensated employees, and			
Lia.		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	<del> </del>	24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	22.245	25 26	50 600
	20	Organizations that follow SFAS 117 (ASC 958), check here	23,845	20	52,632
တ္ဆ		complete lines 27 through 29, and lines 33 and 34.			10 0 6
Š	27	Unrestricted net assets	3,488,586	27	3,498,950
3ale	28	Temporarily restricted net assets	3,400,500	28	3,490,930
JQ E	29	Permanently restricted net assets	3,036,470	29	3,339,082
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
1SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	6,525,056	33	6,838,032
	34	Total liabilities and net assets/fund balances	6,548,901	34	6,890,664
EEA					Form 990 (2015)

	1990 (2015) Phi Eta Sigma National Honor Society, Inc.	61-128	6470 .	Page	12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			[	]
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	_	51,160	_
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	74	17,518	_
3 .	Revenue less expenses Subtract line 2 from line 1	. 3	20	03,642	:
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	6,52	25,056	<u>:</u>
5	Net unrealized gains (losses) on investments	5		09,334	
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	6.83	38,032	<u>,</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			[	]
				Yes No	<u> </u>
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other		= 27 .	Ž.,	- T - T - T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		2 . "	기계를	
	Schedule O.			·	2
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			: <u>%</u>	্ব
	separate basis, consolidated basis, or both		25 - Q - E - E		
			\$ 13 fe		<i>"</i> į
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				Ŋ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				- 1
	Schedule O			<u> </u>	- 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit 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 audits, explain why in Schedule O and describe any steps taken to undergo such audits		зь		

Form 990 (2015)

EEA

### **SCHEDULE A**

(Form 990 or 990-EZ)

# Public Charity Status and Public Support

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

OMB No 1545-0047

2015

Open to Public 2 cinspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Phi Eta Sigma National Honor Society, Inc. 61-1286470 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported organization (ID EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 support (see listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

61-1286470

		Enrince ordine	110 CTOTTOT	170110T 20C7	LOCY, LIIC.		1200410
Part II	Support Schedule 1	or Organizations	Described	in Sections	5 170(b)(1)(A	4)(iv) and 170(b)(	1)(A)(vi)
_	/O-man   1   1   1   1   1   1   1   1   1						

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
alen	đar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u> </u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:					
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on	A Marie Town		1. 2. 2. 4. 4			
	line 1 that exceeds 2% of the amount						
ė	shown on line 11, column (f)			The second second second		The same of the same of	
Sec	tion B. Total Support	Red de la constante de la cons	W. Market	A STATE OF THE STA	A STATE OF THE STA	house and a second	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	<u> </u>		\			<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	411 July 2 18		THE PART AND	14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	THE SECOND SECOND	
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the o						_
<del></del>	organization, check this box and stop here				• • • • • • • • •		<u> ▶ ∐</u>
	tion C. Computation of Public S					I dd T	0/
14 45	Public support percentage for 2015 (line 6,					15	
15 16a	Public support percentage from 2014 Sche 33 1/3% support test - 2015. If the organiz			and line 14 is 33.1			
, va	box and stop here. The organization qualif						▶ □
b	33 1/3% support test - 2014. If the organiz	•					
-	check this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test - 2015						
	10% or more, and if the organization meets	_					
	Part VI how the organization meets the "fac	cts-and-circumstan	ces" test. The orgar	nization qualifies as	a publicly support	ed	
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2014	4. If the organizatio	n did not check a bo	ox on line 13, 16a,	16b, or 17a, and lin	ie	
	15 is 10% or more, and if the organization i	meets the "facts-an	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization med	ets the "facts-and-o	circumstances" test.	The organization of	qualifies as a public	cly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did						
	instructions		• • • • • • • • •				· · · · <u>▶</u> □

Parull

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	609,029	609,640	712,620	671,400	632,775	3,235,464
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	55,160	59,857	72,448	79,961	76,658	344,084
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	664,189	669,497	785,068	751,361	709,433	3,579,548
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	M					
8	Public support. (Subtract line 7c from line 6)			April of many programs of the	ر در در می از در این از در این	The state of the s	3,579,548
Sec	ction B. Total Support			<u> </u>		<u> </u>	0/0/0
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	664,189	669,497	785,068	751,361	709,433	3,579,548
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,111	197,046	226,780	281,270	241,362	1,126,569
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·	180,111	197,046	226,780	281,270	241,362	1,126,569
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	42,478	10,712				53,190
13	Total support. (Add lines 9, 10c, 11, and 12.)	886,778	877,255	1,011,848	1,032,631	950,795	4,759,307
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		_
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co	<del></del>	_=	)		15	75.21 %
16	Public support percentage from 2014 Schedu	ıle A, Part III, line 1	5		. <u> </u>	16	75.00 %
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2015 (line					17	24.00 %
18	Investment income percentage from 2014 Sc	hedule A, Part III, li	ne 17 · · · ·			18	23.00 %
19a	33 1/3% support tests - 2015. If the organization of the tests is not more than 33 1/3%, check this box at						▶ 🏻
b	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this is	oox and stop here.	The organization of	qualifies as a public	ly supported organ	ızatıon	
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box and	see instructions		<u>····▶ ∐</u>

Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 11 of Part I, If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ξ	Sec	tion	1	A. All	S	Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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Par	IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	*	·	( 44%) ( ) ( ) ( )
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	= = =		
	below, the governing body of a supported organization?	11a		L
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations		<del></del>	<del></del>
_	Old the sales of the first of the sales of t		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	<i></i> ]	, , :	[ - ' ]
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			A
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1/2	
	controlled the organization's activities. If the organization had more than one supported organization,		´ ´;	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u>-</u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	s roc	
2	Did the erganization energic for the honefit of any supported erganization other than the supported	<u>.</u> }		- 4
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		. / <u>.</u>	24
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- P	1. 6	
	supervised, or controlled the supporting organization.	2	ئے سقہ	Eg.j
	ion C. Type II Supporting Organizations			Ь
<del></del>	1911 of Typo II oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. ,		-,
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		-	7
	or management of the supporting organization was vested in the same persons that controlled or managed	Ĺ.,		, I
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.0
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		- 5	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		(3)	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	- 3	-2/2	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u></u>
		, m,mm	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	753	Α.	1
	significant voice in the organization's investment policies and in directing the use of the organization's	, ,	 / ), ", ;	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	/	
Sect	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>	L	Ь—
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	e).
a	The organization satisfied the Activities Test. Complete line 2 below.	en e		-,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ii	nstru	ctions
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 4	-T.T.	/
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	٠ " ،	7. 1.	
	how the organization was responsive to those supported organizations, and how the organization determined	·		
	that these activities constituted substantially all of its activities.	2a	<u> </u>	1_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		- 4	1 -
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		/ 	· / - 32.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		1 -1
3	Parent of Supported Organizations. Answer (a) and (b) below.	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			II.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ي بين		تستم
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	1

Schedule A (Form 990 or 990-EZ) 2015 Phi Eta Sigma National Honor Society, 61-1286470 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

1a

b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	2.5	- 및 및 프랑크 (TO B. I. T	
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	Т		
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Augerate de la companya de la compa	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Т		
en	nergency temporary reduction (see instructions)	6		

a Average monthly value of securities

	ule A (Form 990 or 990-EZ) 2015  Phi Eta Sigma National Hotel  Type III Non-Functionally Integrated 509(a)(3	onor Society, Inc	. 61-12	86470 Page 7
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exer	not purposes	·	Current rear
2	Amounts paid to perform activity that directly furthers exemp	purposes of supported	<del></del>	<del> </del>
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ntions		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.	<del></del>		
8	Distributions to attentive supported organizations to which the	e organization is respor	isive	
	(provide details in Part VI). See instructions.			
_9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		, <u>-</u> 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
2	the state of the array, for your o prior to 2010			', - ' -
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2015:		2/-	
a				
b_				
	From 2013			
	From 2014			
	Total of lines 3a through e			Assis Til
_	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	~ · · · //,	· · · · · · · · · · · · · · · · · · ·	المحمد المساورة المسا
i	Carryover from 2010 not applied (see instructions)	- 21 L		
_ <u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016 Add lines 3 <sub>j</sub>			
	and 4c.			
	Breakdown of line 7:			""" (
<u>a</u>				
<u>b</u>			: , : , .	
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015



Name	of the organization		Employer identification number			
<u>Ph</u> i	i Eta Sigma National Honor Society, Inc.	61-1286470				
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accoun	its.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of 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 are the organization's property, subject to the organization's exclusive legal control?	• • • • • • •				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used					
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	•				
	conferring impermissible private benefit?	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Pa	rt II. Conservation Easements.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization (check all that apply)					
			Important land area			
		of a certified his	toric structure			
_	Preservation of open space	_				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the					
	easement on the last day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements		2a			
D	Total acreage restricted by conservation easements		2b			
C	• • • • • • • • • • • • • • • • • • • •		2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a		24			
•	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	i by the organiz	ation during the			
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handli	ng of				
•	violations, and enforcement of the conservation easements it holds?	-				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing					
	<b>&gt;</b>	9				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation ease	ements during the year			
	<b>▶</b> \$		•			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)	<b>(i)</b>			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	xpense stateme	ent, and			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial st	tatements that o	describes the			
	organization's accounting for conservation easements					
Pa	rt:    Organizations Maintaining Collections of Art, Historical Treasu	ıres, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue					
	works of art, historical treasures, or other similar assets held for public exhibition, education, or					
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri					
р	,					
	works of art, historical treasures, or other similar assets held for public exhibition, education, or	research in furt	herance of			
	public service, provide the following amounts relating to these items		<b>.</b>			
	(i) Revenue included on 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 treasures, or other similar assets for f	rinancial gain, p	roviae tne			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		<b>.</b> c			
a	,					
_ <u>b</u>	Assets included in Form 990, Part X		· · · · · <b>P</b> \$			

	ule D (Form 990) 2015 Phi Eta Sigma N	ational Hono	r Society	, Inc.		61-12864			ige 2
Par	tilli Organizations Maintaining C						ets (cor	ıtinue	d)
3	Using the organization's acquisition, accession, a	and other records, cl	neck any of the	e following that are a	a significa	nt use of its			
	collection items (check all that apply)								
a	Loan of excitating programs								
p.									
C	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain hor	w they further	the organization's e	xempt pur	rpose in Part			
_	XIII.								
5	During the year, did the organization solicit or rec							_	_
Dà	assets to be sold to raise funds rather than to be		of the organiza	ation's collection?	• • • •	<u></u>	. <u> </u>	es L	No
grai	Escrow and Custodial Arrang		n Form 00/	Dort IV line O		artad an area	at an Ea		
	Complete if the organization an 990, Part X, line 21.	isweied ies o	11 FOIIII 991	J, Part IV, line 9	, or rep	orted an amour	nt on FC	)[[[]	
4-				·					
1a	Is the organization an agent, trustee, custodian o	-						, r	٦
_	·						.   Y	es L	_  No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table		_	· · · · · · · · · · · · · · · · · · ·			
_	Decimana halana				-	Amo	ount		
C	5 5								
đ	Additions during the year					+			
9	Distributions during the year								
f 20	_							·	7
2a	Did the organization include an amount on Form				•		_	=	_  No ר
b Dai	If "Yes," explain the arrangement in Part XIII Che tV Endowment Funds.	eck nere if the expla	nation has bei	en provided on Paπ	XIII ·		• • • •	· · · · L	
i ai	Complete if the organization an	swered "Ves" o	n Form 99	) Part IV line 1	0				
	Outspiete if the organization and		т	<del></del>			1	—	
1a	Beginning of year balance	(a) Current year	(b) Prior y	ear (c) Two yea	rs back	(d) Three years back	(e) Four	years ba	<u>‡CK</u>
b	Contributions		<del> </del>	<del></del>			<del> </del>		
c	Net investment earnings, gains, and	<del></del>	<del>                                     </del>		-		<del> </del>		
·	losses · · · · · · · · · · · · · · · · · ·						}		
ď	Grants or scholarships		<u> </u>			···			
	Other expenditures for facilities and		<del></del>	<del></del>			-		
•	programs		ļ	İ	İ				
f	Administrative expenses						<del> </del>		
g	End of year balance		<u> </u>				<b> </b>		
2	Provide the estimated percentage of the current	vear end balance ()	ne 1a. column	(a)) held as			-l		
а	Board designated or quasi-endowment	•		(4),					
b	Permanent endowment > %								
c	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should e								
3a	Are there endowment funds not in the possession		that are held	and administered for	or the				
	organization by	J						Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations lis	ted as required on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the org	anızation's endowm	ent funds						
Pa	rt VI Land, Buildings, and Equipm					-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization an		n Form 99	0, Part IV, line 1	1a. See	e Form 990, Pa	rt X, line	e 10.	
	Description of property	(a) Cost or oth	ner basis	b) Cost or other basis	(c)	Accumulated	(d) Boo	k value	
	, , , ,	(investm	ient)	(other)	de	epreciation			
1a	Land				Visit o	M. S. Marie C. S. Marie C. Mar	<del></del>		
b	Buildings				T				
С	Leasehold improvements								
d	Equipment		35,892			30,495		5,3	97
0	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must equi	al Form 990, Part X	column (B), I	ne 10c) · · ·				5,3	197

61-1286470

PartiVIII		 
	Investments	

Complete if the organization answere	red "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X	., line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

PartVIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Other Assets. Partix

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	 (b) Book value
(1) Interest Receivable	47,543
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)	 47,543

Other Liabilities. Partix

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value	
(1) Fede	eral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			ရေးရေးများကြောင့် မြောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သည်။ မောက်သ
(8)			
(9)			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2015 Phi Eta Sigma National Honor Society, Inc.		1-1286470	. Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 1	,060,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2, 2,	
a'		9,334	表型型	
b	Donated services and use of facilities	<i>J</i> , <u>J J                               </u>		
C	Recoveries of prior year grants			
			414	
d				
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2е	109,334
3	Subtract line 2e from line 1		3	951,160
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		5 3%	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		7, 77	
b	Other (Describe in Part XIII.)		] -	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	951,160
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		er Return.	3317100
تتت	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	J555 F		
1	Total expenses and losses per audited financial statements		T 4 T	
-	·		1	747,518
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments		J∓.∃	
C	Other losses			
d	Other (Describe in Part XIII.)		] [ [ ]	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		Že	
3	Subtract line 2e from line 1		3	747,518
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			747,520
-				
a			<b>-</b> [# _ ]	
þ	Other (Describe in Part XIII )			
С	Add lines 4a and 4b		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · <u></u>	5	747,518
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, li	ine 4; Parl	t X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
			····	
			·	

EEA

Schedule D (Form 990) 2015

² □ Open to Public Schedule I (Form 990) (2015) (h) Purpose of grant OMB No 1545-0047 or assistance 2015 ⊠Yes Employer Identification number 61-1286470 non-cash assistance (g) Description of Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? Phi Eta Sigma National Honor Society, In (p) EIN (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part Part II 5 ~ (2)  $\epsilon$ Ξ 3 3 3 9 6 8

Schedule 1 (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. The review is by the executive committee and executive director, along with adherence to the organization's by-laws. N.A. (e) Method of valuation (book, FMV, appraisal, other) N.A. non-cash assistance (d) Amount of 275,750 (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed 47 (b) Number of recipients (a) Type of grant or assistance 1 Scholarships Part IV 2 9 EE

Page 2

61-1286470

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Phi Eta Sigma National Honor Society, Inc.

Schedule I (Form 990) (2015)

PartIII

# **SCHEDULE O** , (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

Employer identification number

Phi Eta Sigma National Honor Society, Inc.	61-1286470
01. Form 990 governing body review (Part VI, line 11)	
Form 990 reviewed and approved by email by governing body.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Conflict interest policy compliance is done through annual review b	ov all members of the
governing body.	
03. CEO, executive director, top management comp (Part VI, line 1	.5a)
Compensation is done through independent analysis, other similiar of	organizations comparable
salary for exec dir	
04. Other officer or key employee compensation (Part VI, line 15h	)
Compensation done by comparison of compariable organiztions and rev	view of executive
committee	
05. Governing documents, etc, available to public (Part VI, line	19)
Documents are avaible upon request.	