Form **990**

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

B Check if applicable: Address change / Name change / Initial return / Final return / Amended return / Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PHI KAPPA TAU FOUNDATION

Number and street (or P O box if mail is not delivered to street address): 5221 MORNING SUN ROAD — Room/suite:

City or town, state or country, and ZIP + 4: OXFORD, OH 45056

D Employer identification number: 31-6024975

E Telephone number: (513)523-1778

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [X] No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site ▶ WWW.PHIKAPPATAU.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

I Enter 4-digit GEN ▶

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The *organization need not file a return with the IRS, but if the organization received a Form 990 Package* in the mail, it should file a return without financial data. **Some states require a complete return.**

M Check ▶ [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,919,773.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received STMT 1				
	a	Direct public support	1a	560,347.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 560,347. noncash $)			1d	560,347.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	5,767.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	480,919
	6 a	Gross rents	6a	47,796.		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	47,796.
	7	Other investment income (describe ▶)			7	

	(A) Securities		(B) Other
8 a Gross amount from sales of assets other than inventory	1,580,001.	8a	244,943.
b Less cost or other basis and sales expenses	1,436,367.	8b	225,390.
c Gain or (loss) (attach schedule)	143,634.	8c	19,553.

Revenue	8 d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	163,187.
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,258,016.
Expenses	13	Program services (from line 44, column (B))			13	986,433.
	14	Management and general (from line 44, column (C))			14	294,428.
	15	Fundraising (from line 44, column (D))			15	377,525.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	1,658,386.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-400,370.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	10,591,277.
	20	Other changes in net assets or fund balances (attach explanation) STMT 3			20	-1,082,251.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	9,108,656.

SCANNED JUN 17 2003

RECEIVED MAY 2003 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2001)

JSA
1E1010 2 000

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 506,047 noncash $)	22	506,047.	506,047.	STMT 4	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	70,000.	30,744.	19,628.	19,628.
26 Other salaries and wages	26	370,093.	162,545.	103,774.	103,774.
27 Pension plan contributions	27	10,779	4,743	3,018.	3,018.
28 Other employee benefits	28	34,627.	15,199.	9,714.	9,714.
29 Payroll taxes	29	30,734.	13,498.	8,618.	8,618.
30 Professional fundraising fees	30				
31 Accounting fees	31	18,901.	8,301.	5,300.	5,300.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	11,146.	4,904.	3,121.	3,121.
35 Postage and shipping	35	2,422.	1,066.	678.	678.
36 Occupancy	36				
37 Equipment rental and maintenance	37	44,775.	19,701.	12,562.	12,512.
38 Printing and publications	38	124,811.	121,795.	255.	2,761.
39 Travel	39	8,233.	3,623.	2,272.	2,338.
40 Conferences, conventions, and meetings	40	16,684.	7,328.	4,678.	4,678.
41 Interest	41	26,614.	11,059.	7,997.	7,558.
42 Depreciation, depletion, etc (attach schedule)	42	69,853.	30,736.	19,279.	19,838.
43 Other expenses not covered above (itemize) STMT 6	43a	312,667.	45,144.	93,534.	173,989.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	1,658,386.	986,433.	294,428.	377,525.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______,

(iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? ▶ STMT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a FRATERNITY EDUCATIONAL SUPPORT - PROVIDES SUPPORT FOR VARIOUS EDUCATIONAL PROGRAMS OF THE FRATERNITY, INCLUDING LEADERSHIP ACADEMY AND OFFICER'S INSTITUTE. (Grants and allocations $)	365,221.
b SCHOLARSHIPS - PROVIDES FUNDS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PHI KAPPA TAU COLLEGIATES AND ALUMNAE. (Grants and allocations $)	233,254.
c LAUREL PUBLICATION - PROVIDES FUNDS TO PUBLISH THE LAUREL, THE OFFICIAL MAGAZINE OF THE FRATERNITY. (Grants and allocations $)	387,958.
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	986,433.

Part IV Balance Sheets (See Specific Instructions on page 24)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			768,840.	45	374,918.
46 Savings and temporary cash investments				46	263,778.
47a Accounts receivable	47a	49,438.			
b Less allowance for doubtful accounts	47b	49,438.	89,271.	47c	
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)			70,936.	50	NONE
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			48,231	52	48,231.
53 Prepaid expenses and deferred charges			76.	53	6,125.
54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule) STMT 8			8,859,673.	56	7,618,096.
57a Land, buildings, and equipment basis	57a	1,256,683.			
b Less accumulated depreciation (attach schedule)	57b	256,834.	1,262,538	57c	999,849.
58 Other assets (describe ▶ STMT 9)			18,267.	58	64,117.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			11,117,832.	59	9,375,114.
Liabilities					
60 Accounts payable and accrued expenses			134,386.	60	176,458.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule) STMT 10			392,169.	64b	90,000.
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			526,555.	66	266,458.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			2,300,248.	67	1,594,736.
68 Temporarily restricted			2,547,404.	68	2,517,811.
69 Permanently restricted			5,743,625.	69	4,996,109.
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, and column (B) **must** equal line 21)			10,591,277.	73	9,108,656.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			11,117,832.	74	9,375,114.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	175,765.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	175,765.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) STMT 11 $ 1,082,251.		
	Add amounts on lines (1) and (2) ▶	d	1,082,251.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,258,016.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	1,658,386.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	1,658,386.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,658,386

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 15		70,000.	9,325.	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? STMT. 16	80a	X	
b	If "Yes," enter the name of the organization ▶ and check whether it is [X] exempt OR [ ] nonexempt			
81 a	Enter direct or indirect political expenditure See line 81 instructions — 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	*If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable* estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) orgs.* Enter a Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90 a	List the states with which a copy of this return is filed ▶ OHIO			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	9	
91	The books are in care of ▶ BARBARA FABELO Telephone no ▶ 513-523-1778; Located at ▶ 5221 MORNING SUN ROAD, OXFORD, OHIO ZIP + 4 ▶ 45056			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a ELFERS ADMIN. FEES					5,767.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	480,919.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	47,796.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	163,187.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				691,902.	5,767.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 697,669.

Note. *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REVENUES RECEIVED IN CONNECTION WITH ACTIVITIES THAT SUPPORT THE EDUCATIONAL UNDERTAKING OF THE PHI KAPPA TAU FRATERNITY AND ITS CHAPTERS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

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.

Please Sign ▶ 5/13/03

Date

[redacted]

Date | Check if self- | Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization: PHI KAPPA TAU FOUNDATION

Employer identification number: 31-6024975

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments* STMT 17

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)

12 ☐ 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	744,291	544,463	328,662.	383,735.	2,001,151.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc . purpose	62,912	2,726	263,548	1,506.	330,692.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	440,963	759,841	672,219.	728,645	2,601,668.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,248,166	1,307,030	1,264,429.	1,113,886.	4,933,511.
24 Line 23 minus line 17	1,185,254	1,304,304	1,000,881.	1,112,380.	4,602,819.
25 Enter 1% of line 23	12,482	13,070	12,644.	11,139.	

26 **Organizations described on lines 10 or 11.** a Enter 2% of amount in column (e), line 24 ▶ 26a 92,056.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 18. ▶ 26b 78,543.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 4,602,819.

d *Add Amounts from column (e) for lines* 18 2,601,668. 19 ______ 22 ______ 26b 78,543. ▶ 26d 2,680,211

e Public support (line 26c minus line 26d total) ▶ 26e 1,922,608.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 41.7702 %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2000) ______ (1999) ______ (1998) NOT APPLICABLE (1997) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) ______ (1999) ______ (1998) ______ (1997) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a *list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief* description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a [ ] if the organization belongs to an affiliated group
Check ▶ b [ ] if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines **c** through **h**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X	
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)	X	
(iv) Reimbursement arrangements	b(iv)	X	
(v) Loans or loan guarantees	b(v)	X	
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B(III)	47,796.	PHI KAPPA TAU FRAT.	RENTAL INCOME-OFFICE SPACE AND
			COMPUTER EQUIPMENT.
51B(IV)	370,569.	PHI KAPPA TAU FRAT	REIMBURSEMENT OF EDUCATIONAL
			EXPENSES
51B(V)	3,380.	PHI KAPPA TAU FRAT	INTEREST INCOME ON NOTE
			RECEIVABLE
51B(I)	244,943.	PHI KAPPA TAU FRAT	FRATERNITY PURCHASED 19.75% OF
			FOUNDATION'S BUILDING.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
PHI KAPPA TAU	IRC SECTION	PARTICIPATE IN JOINT EFFORT TO
FRATERNITY	501 (C) (7)	ATTAIN A COMMON PURPOSE, SHARE
		FACILITIES, EQUIPMENT AND
		PERSONNEL
PHI KAPPA TAU	IRC SECTION	PARTICIPATE IN JOINT EFFORT TO
PROPERTIES	501 (C) (2)	ATTAIN A COMMON PURPOSE; SHARE
		FACILITIES, EQUIPMENT AND
		PERSONNEL

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
UNREALIZED LOSSES		334,735.
DEPRECIATION OF PERPETUAL TRUST		747,516.
	TOTAL	1,082,251.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
PHI KAPPA TAU FRATERNITY OXFORD, OH 45056		EDUCATIONAL GRANTS	342,193.
PAUL A ELFERS OMEGA SCHOLARSHIP RECIPIENTS OXFORD, OH 45056	NONE	VARIOUS SCHOLARSHIPS	13,500.
MEMORIAL SCHOLARSHIP OXFORD, OH 45056	NONE	SCHOLARSHIP	1,000
PARENTS FUND SCHOLARSHIP RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	12,000
FOUNDATION SCHOLARSHIP RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	20,000
INTERFRATERNITY EDUCATIONAL FELLOWSHIPS RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	15,000
HOLE IN THE WALL GANG STIPENDS RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	18,000
PAULINE BERTSCH MEMORIAL SCHOLARSHIP RECIPIENT OXFORD, OH 45056	NONE	SCHOLARSHIP	500
HOLE IN THE WALL GANG -GRANTS OXFORD, OH 45056	NONE	GRANTS TO CAMP	48,800

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ETA SCHOLARSHIP RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	200
FRED FETHER SCHOLARSHIP RECIPIENTS OXFORD, OH 45056	NONE	SCHOLARSHIP	1,600
NATIONAL INTERFRATERNITY FOUNDATION OXFORD, OH 45056	NONE	GRANT	3,500.
VARIOUS SCHOLARSHIPS-DETAIL PROVIDED UPON REQUEST OXFORD, OH 45056	NONE	GRANTS & SCHOLARSHIPS	49,754
		TOTAL CONTRIBUTIONS PAID	526,047

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
DUES & MEMBERSHIPS	11,092.	4,881.	3,061.	3,150.
INSURANCE	4,172.	1,836.	1,151.	1,185.
MISCELLANEOUS	24,311.	4,447.	14,774.	5,090.
PROFESSIONAL FEES	45,150.	19,830.	12,660.	12,660.
DONATIONS	1,900.	834.	533.	533.
PAYROLL EXPENSE	1,002.	440.	281.	281.
EXECUTIVE FEES	4,183.	1,837.	1,173.	1,173.
OFFICE SUPPLIES	7,550.	3,322.	2,114.	2,114.
UTILITIES	17,539.	7,717.	4,911.	4,911.
FUNDRAISING EXPENSE	142,892.			142,892.
EDUCATIONAL GRANTS	52,876.		52,876.	
TOTALS	312,667.	45,144.	93,534.	173,989.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SUPPORT THE EDUCATIONAL UNDERTAKINGS OF PHI KAPPA TAU FRATERNITY AND ITS CHAPTERS.

STATEMENT 7

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
BENEFICIAL INVESTMENT IN PERPETUAL TRUST	4,327,311.
BARCLAYS INVESTORS-BOND	1,552,609.
BARCLAYS INVESTORS-EQUITY FUND	1,738,176.
TOTALS	7,618,096.

STATEMENT 8

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
CASH SURRENDER VALUE OF LIFE INSURANCE	18,267.
INTEREST RECEIVABLE	45,850.
TOTALS	64,117.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: MORTGAGE PAYABLE
INTEREST RATE: 4.750000
DATE OF NOTE: 06/05/2002
MATURITY DATE: 06/30/2003
REPAYMENT TERMS: PRINCIPAL DUE IN JUNE
SECURITY PROVIDED: BUILDING

BEGINNING BALANCE DUE	392,169.
ENDING BALANCE DUE	90,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	392,169.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	90,000.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
DEPRECIATION ON PERPETUAL TRUST	747,516.
UNREALIZED LOSS	334,735.
TOTAL	1,082,251.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NORMAN BROWN OXFORD, OH 45056	CHAIRMAN 1	NONE	NONE	NONE
THOMAS CUNNINGHAM OXFORD, OH 45056	VICE PRESIDENT 1	NONE	NONE	NONE
JOHN GREEN OXFORD, OH 45056	EXECUTIVE DIRECTOR 45	70,000.	9,325.	NONE
DONALD SNYDER SR OXFORD, OH 45056	TREASURER 1	NONE	NONE	NONE
BRENT DEVORE OXFORD, OH 45056	SECRETARY 1	NONE	NONE	NONE
TODD NAPIER OXFORD, OH 45056	PRESIDENT 1	NONE	NONE	NONE
STEVE HARTMAN OXFORD, OH 45056	PRESIDENT 1	NONE	NONE	NONE
ROBERT ALDRIDGE OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
JOHN BARTHOLOMEW OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
RAYMOND BICHIMER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
GERALD CARLTON	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
OXFORD, OH 45056				
RAY CLARKE OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
JOHN COSGROVE OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
MEL DETTRA OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
F. FREDRICK FETHER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
LAWRENCE FISHER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
HUGH FOWLER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
JOHN GOOD OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
ROGER GILBERT OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
JAMES HAMILTON OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
C. RICHARDO HAMILTON OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JIM HEILMEIER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
GREG HEILMEIER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
THEODORE HENDRICKS OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
GREG HOLLEN OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
DAN HUFFER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
DAVID LAWRENCE OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT LEATHERMAN OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
EDWARD MARYE JR OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
JAMES MCATEE OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
F.L. MCKINLEY OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
FREDRICK MILLS	BOARD MEMBER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
OXFORD, OH 45056				
DON PHILLIPS OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
FR. NICHOLAS RACHFORD OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
ROSS ROEDER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
SMART AND FINAL, INC OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
HAROLD SHORT OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
SCOTT STEWART OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
ROBERT TENHOVER OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
GRAYDON WEBB OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
RODNEY WILMOTH OXFORD, OH 45056	BOARD MEMBER 1	NONE	NONE	NONE
	GRAND TOTALS	70,000.	9,325.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

PHI KAPPA TAU FRATERNITY
PHI KAPPA TAU PROPERTIES

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

THE FOUNDATION PROVIDES SCHOLARSHIPS & FELLOWSHIPS TO MEMBERS THROUGH AN APPLICATION PROCESS, WHICH IS THEN REVIEWED BY A COMMITTEE THAT SELECTS THE RECIPIENTS.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11

(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
PAUL RAYMOND	78,543.		
TOTAL	78,543.		

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041 (or Form 5227). See the separate instructions for Form 1041 (or Form 5227).

OMB No 1545-0092

2001

Name of estate or trust: PHI KAPPA TAU FOUNDATION

Employer identification number: 31-6024975

Note: *Form 5227 filers need to complete only Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo , day yr)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col (d) less col (e))
1						

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2000 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f) Enter here and on line 14 below ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col (d) less col. (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6							
	SEE STATEMENT 1			1,824,944.	1,661,757.	163,187.	NONE

			(f)	(g)
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7		
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8		
9	Capital gain distributions	9		
10	Gain from Form 4797, Part I	10		
11	Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 2000 Capital Loss Carryover Worksheet	11	( )	( )
12	Combine lines 6 through 11 in column (g)	12		
13	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f) Enter here and on line 15 below ▶	13	163,187.	

***28% rate gain or loss** includes all "collectibles gains and losses" (as defined on page 30 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 28 of the instructions)

Part III Summary of Parts I and II

			(1) Beneficiaries' (see page 30)	(2) Estate's or trust's	(3) Total
14	**Net short-term gain or (loss)** (from line 5 above)	14			
15	**Net long-term gain or (loss):**				
a	28% rate gain or (loss) (from line 12 above)	15a			
b	Unrecaptured section 1250 gain (see line 17 of the worksheet on page 31)	15b			
c	Total for year (from line 13 above)	15c			163,187.
16	**Total net gain or (loss).** Combine lines 14 and 15c ▶	16			163,187.

Note *If line 16, column (3), is a net gain, enter the gain on Form 1041, line 4 If lines 15c and 16, column (2), are net gains, go to Part V, and do not complete Part IV If line 16, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary*

Part IV · Capital Loss Limitation

17	Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of **a** The loss on line 16, column (3) or **b** $3,000	17	( )

*If the loss on line 16, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 32 of the instructions to determine your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 15c and 16 in column (2) are gains, and Form 1041, line 22 is more than zero)

Note: *If line 15a, column (2) or line 15b, column (2) is more than zero, complete the worksheet on page 34 to figure the instructions to figure the amount to enter on lines 20, 27, and 38 below and skip all other lines below Otherwise, go to line 18*

18	Enter taxable income from Form 1041, line 22			18			
19	Enter the **smaller** of line 15c or 16 in column (2)	19					
20	If the estate or trust is filing Form 4952, enter the amount from line 4e, otherwise, enter -0- ▶	20					
21	Subtract line 20 from line 19 If zero or less, enter -0-			21			
22	Subtract line 21 from line 18 If zero or less, enter -0-			22			
23	Figure the tax on the amount on line 22 Use the 2001 Tax Rate Schedule on page 20 of the instructions					23	
24	Enter the **smaller** of the amount on line 18 or $1,800			24			
	If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32.						
25	Enter the amount from line 22			25			
26	Subtract line 25 from line 24 If zero or less, enter -0- and go to line 32			26			
27	Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 7c of the worksheet on page 33	27					
28	Enter the **smaller** of line 26 or line 27			28			
29	Multiply line 28 by 8% (.08)					29	
30	Subtract line 28 from line 26			30			
31	Multiply line 30 by 10% (.10)					31	
	If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36.						
32	Enter the **smaller** of line 18 or line 21			32			
33	Enter the amount, if any, from line 26			33			
34	Subtract line 33 from line 32			34			
35	Multiply line 34 by 20% (.20)					35	
36	Add lines 23, 29, 31, and 35					36	
37	Figure the tax on the amount on line 18 Use the 2001 Tax Rate Schedule on page 20 of the instructions					37	
38	**Tax on all taxable income (including capital gains).** Enter the **smaller** of line 36 or line 37 here and on line 1a of Schedule G, Form 1041					38	

Schedule D (Form 1041) 2001

PHI KAPPA TAU FOUNDATION 31-6024975

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SALE OF SECURITIES			1,580,001.	1,436,367.	143,634.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			1,580,001.	1,436,367.	143,634.
CAPITAL GAINS (LOSSES) FROM OTHER ASSETS					
SALE OF ASSET	VAR	VAR	244,943.	225,390.	19,553.
TOTAL CAPITAL GAINS (LOSSES) FROM OTHER ASSETS			244,943.	225,390.	19,553.
Totals			1,824,944.	1,661,757.	163,187.

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RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
PHI KAPPA TAU FOUNDATION	31-6024975

DESCRIPTION OF PROPERTY

COMPUTER RENTAL

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME			
OTHER INCOME		11,796.	
TOTAL GROSS INCOME			11,796.
OTHER EXPENSES			
DEPRECIATION (SHOWN BELOW)			
LESS *Beneficiary's Portion*			
AMORTIZATION			
LESS Beneficiary's Portion			
DEPLETION			
LESS Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			11,796.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			11,796.
Deductible Rental Loss (If Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

	11,796.
	11,796.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
PHI KAPPA TAU FOUNDATION	31-6024975

DESCRIPTION OF PROPERTY

FRATERNITY OCCUPANCY

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME			
OTHER INCOME		36,000.	
TOTAL GROSS INCOME			36,000.
OTHER EXPENSES			
DEPRECIATION (SHOWN BELOW)			
LESS Beneficiary's Portion			
AMORTIZATION			
LESS Beneficiary's Portion			
DEPLETION			
LESS Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			36,000.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			36,000.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

	36,000.
	36,000.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
COMPUTER RENTAL	11,796.			11,796.
FRATERNITY OCCUPANCY	36,000.			36,000.
TOTALS	47,796.			47,796.

STATEMENT 1

Phi Kappa Tau Foundation
EIN 31-6024975
June 30, 2002

Form 990, Part IV, Line 57c

Building	1,007,170
Computer Equipment & Furniture	249,513
	1,256,683
Accumulated Depreciation	(256,834)
Total to Line 57c	999,849