

Return of Organization Exempt From Income Tax

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

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

C Name of organization: PHI KAPPA TAU FOUNDATION. Address: 5221 MORNING SUN ROAD, OXFORD, OH 45056

D Employer identification number: 31-6024975. E Telephone number: (513) 523-1778. F Accounting method: Accrual

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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN. M Check if the organization is not required to attach Sch B.

G Web site: N/A. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 2,360,791.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows. Revenue section (lines 1-12) includes contributions (586,001), program service revenue (4,740), dividends (418,424), and total revenue (1,176,279). Expenses section (lines 13-17) includes program services (803,235), management (273,893), fundraising (338,743), and total expenses (1,415,871). Net Assets section (lines 18-21) shows a deficit of -239,592 and ending net assets of 8,915,222.

RECEIVED APR 28 2004 CODEN: UT

MAY 05 2004 Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

**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 page 21 of the instructions)

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 \$ 372,857, noncash \$ )	22 372,857.	372,857.	STMT 3	
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 77,600.	34,148.	21,418.	22,034.
26 Other salaries and wages	26 364,744.	160,483.	100,670.	103,591.
27 Pension plan contributions	27 10,205.	4,490.	2,816.	2,899.
28 Other employee benefits	28 37,571.	16,531.	10,370.	10,670.
29 Payroll taxes	29 35,690.	15,704.	9,850.	10,136.
30 Professional fundraising fees	30 110,445.			110,445.
31 Accounting fees	31 15,706.	6,911.	4,335.	4,460.
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 8,641.	3,802.	2,385.	2,454.
35 Postage and shipping	35 41,835.	39,370.	1,215.	1,250.
36 Occupancy	36			
37 Equipment rental and maintenance	37 32,863.	14,460.	9,070.	9,333.
38 Printing and publications	38 39,243.	39,243.		
39 Travel	39 12,250.	5,390.	3,381.	3,479.
40 Conferences, conventions, and meetings	40 26,985.	11,873.	7,448.	7,664.
41 Interest	41 754.	332.	208.	214.
42 Depreciation, depletion, etc (attach schedule)	42 57,098.	25,123.	15,759.	16,216.
43 Other expenses not covered above (itemize) STMT 5	43a 171,384.	52,518.	84,968.	33,898.
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 1,415,871.	803,235.	273,893.	338,743.

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 page 24 of the instructions.)**

What is the organization's primary exempt purpose?  STMT 6

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 \$ 223,100)	239,430.
b	SCHOLARSHIPS - PROVIDES FUNDS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PHI KAPPA TAU COLLEGIATES AND ALUMNAE. (Grants and allocations \$ 149,757)	229,033.
c	LAUREL PUBLICATION - PROVIDES FUNDS TO PUBLISH THE LAUREL, THE OFFICIAL MAGAZINE OF THE FRATERNITY (Grants and allocations \$ )	334,772.
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)	803,235.

**Part IV Balance Sheets** (See page 24 of the instructions.)

**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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	374,918	<b>45</b>	301,319
	<b>46</b> Savings and temporary cash investments	263,778	<b>46</b>	308,245
	<b>47a</b> Accounts receivable	<b>47a</b> 14,243		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 1,644	<b>47c</b>	12,599
	<b>48a</b> Pledges receivable	<b>48a</b> 505,769		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	505,769
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use	48,231	<b>52</b>	48,021
	<b>53</b> Prepaid expenses and deferred charges	6,125	<b>53</b>	8,756
	<b>54</b> Investments - securities (attach schedule) <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,290,785	<b>54</b>	2,784,978
	<b>55a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments - other (attach schedule)	4,327,311	<b>56</b>	4,045,281	
<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 1,281,384			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 313,933	999,849	<b>57c</b> 967,451	
<b>58</b> Other assets (describe <b>STMT 9</b> )	64,117	<b>58</b>	79,871	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	9,375,114	<b>59</b>	9,062,290	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	176,458	<b>60</b>	147,068
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) <b>STMT 10</b>	90,000	<b>64b</b>	NONE
<b>65</b> Other liabilities (describe <b>STMT 10</b> )		<b>65</b>		
<b>66 Total liabilities</b> (add lines 60 through 65)	266,458	<b>66</b>	147,068	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	1,594,736	<b>67</b>	1,089,649
	<b>68</b> Temporarily restricted	2,517,811	<b>68</b>	3,111,494
	<b>69</b> Permanently restricted	4,996,109	<b>69</b>	4,714,079
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	9,108,656	<b>73</b>	8,915,222	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	9,375,114	<b>74</b>	9,062,290	

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 VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>ELFERS ADMIN FEES</b>					4,740.
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	418,424.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	21,961.	
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	145,153.	
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)) . . . . .				585,538.	4,740.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					590,278.

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 page 32 of the instructions.)

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	<b>REVENUES RECEIVED IN CONNECTION WITH ACTIVITIES THAT SUPPORT THE EDUCATIONAL UNDERTAKING OF THE PHI KAPPA TAU FRATERNITY AND ITS CHAPTERS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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: *John M. Gues* Date: *04/23/04*  
*, Executive Director*

**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

**2002**

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
<b>WILLIAM D. JENKINS</b> 5221 MORNING SUN ROAD OXFORD, OHIO 45056	CENTENNIAL COORD. 40	66,298.	11,179.	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
<b>THE GABRIEL GROUP</b> 1863 CRAIG PARK COURT, ST. LOUIS MO	ANNUAL FUND APPEALS	59,764.
Total number of others receiving over \$50,000 for professional services	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i or Part VI-B) 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	1	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Lending of money or other extension of credit? . . . . .	2b	<input checked="" type="checkbox"/>
c	Furnishing of goods, services, or facilities? . . . . .	2c	<input checked="" type="checkbox"/>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990 PART V . . . . .	2d	<input checked="" type="checkbox"/>
e	Transfer of any part of its income or assets? . . . . .	2e	<input checked="" type="checkbox"/>
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below ) . . . . .	3	<input checked="" type="checkbox"/>
4	Do you have a section 403(b) annuity plan for your employees? . . . . .	4	<input checked="" type="checkbox"/>
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 19	

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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 5 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.

Table with columns for calendar year (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**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
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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? . . . . . If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -                      The lobbying nontaxable amount is -</b> 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 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 . . . . .	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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
<b>a</b> Volunteers . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Media advertisements . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>i</b> 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



FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

-----

RESTATEMENT OF PRIOR YEAR FINANCIAL  
STATEMENTS

398,766.

-----

TOTAL

398,766.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSSES	70,578.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	282,030.
TOTAL	----- 352,608. =====

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
<u>GRANTS PAID</u>			
PHI KAPPA TAU FRATERNITY OXFORD, OHIO 45056		EDUCATIONAL GRANTS	216,100.
PAUL A. ELPERS OMEGA SCHOLARSHIP RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	13,500.
FRED FETHER SCHOLARSHIP RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	1,500.
MEMORIAL SCHOLARSHIP OXFORD, OHIO 45056	NONE	SCHOLARSHIP	1,000.
PARENTS FUND SCHOLARSHIP RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	5,000.
FOUNDATION SCHOLARSHIP RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	20,000.
INTERFRATERNITY EDUCATIONAL FELLOWSHIPS RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	6,000.
HOLE IN THE WALL GANG STIPENDS RECIPIENTS OXFORD, OHIO 45056	NONE	SCHOLARSHIP	12,250.
HOLE IN THE WALL GANG - GRANTS OXFORD, OHIO 45056	NONE	GRANTS TO CAMP	67,500.

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
PAULINE BERTSCH MEMORIAL SCHOLARSHIP RECIPIENT OXFORD, OHIO 45056	NONE	SCHOLARSHIP	500.
NATIONAL INTERFRATERNITY FOUNDATION OXFORD, OHIO 45056	NONE	GRANT	1,000.
VARIOUS SCHOLARSHIPS-DETAIL PROVIDED UPON REQUEST OXFORD, OHIO 45056	NONE	SCHOLARSHIPS AND GRANTS	28,507.
		TOTAL CONTRIBUTIONS PAID	372,857.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	40,055.	17,625.	11,054.	11,376.
EDUCATIONAL GRANT	46,203.		46,203.	
OFFICE SUPPLIES	34,890.	15,352.	9,630.	9,908.
UTILITIES	20,827.	9,164.	5,748.	5,915.
DUES AND MEMBERSHIPS	8,771.	3,859.	2,421.	2,491.
INSURANCE	7,746.	3,408.	2,138.	2,200.
MISCELLANEOUS EXPENSES	11,783.	2,622.	7,468.	1,693.
PAYROLL PROCESSING FEES	1,109.	488.	306.	315.
TOTALS	171,384.	52,518.	84,968.	33,898.

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

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

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
EQUITY MUTUAL FUNDS	1,706,163.
FIXED INCOME MUTUAL FUNDS	1,078,815.
TOTALS	----- 2,784,978. =====

FORM 990, PART IV - INVESTMENTS - OTHER  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
BENEFICIAL INVESTMENT IN PERPETUAL TRUST	4,045,281.
TOTALS	----- 4,045,281. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CASH SURRENDER VALUE OF LIFE	
INSURANCE	18,267.
INTEREST RECEIVABLE	61,604.
	-----
TOTALS	79,871.
	=====

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 .....	90,000.
ENDING BALANCE DUE .....	NONE

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TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	90,000.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	NONE
--	------

=====

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

DESCRIPTION	AMOUNT
-----	-----
CHANGE IN BENEFICIAL INTEREST	-282,030.
IN PERPETUAL TRUST	
UNREALIZED LOSS ON INVESTMENTS	-70,578.
	-----
TOTAL	-352,608.
	=====

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 W. BROWN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	CHAIRMAN 1	NONE	NONE	NONE
GERALD G. CARLTON 5221 MORNING SUN ROAD OXFORD, OHIO 45056	VICE CHAIRMAN 1			
THOMAS CUNNINGHAM 5221 MORNING SUN ROAD OXFORD, OHIO 45056	VICE CHAIRMAN 1			
DR. C. BRENT DEVORE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	SECRETARY 1			
WILLIAM G. BRAUND, CPA 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TREASURER 1			
JOHN M. GREEN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	EXECUTIVE DIRECTOR 45	77,600.	7,354.	NONE
JOSEPH J. MCCANN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	PRESIDENT 1			
C. STEVEN HARTMAN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	CHIEF OPERATING OFF. 1			

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
MARK M BOYD 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JOHN F. COSGROVE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
ROGER W. GILBERT 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
C. RICARDO HAMILTON 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JIM K. HEILMEIER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
GREGORY HEILMEIER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
GREGORY D. HOLLEN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
DAVID W. LAWRENCE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			

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
ROBERT LEATHERMAN 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JAMES C. MCATEE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
DONALD JAMES PHILLIPS, II 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
ROSS E. ROEDER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JOEL S. RUDY 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
TIMOTHY F. SMITH 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
SCOTT G. STEWART 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
DR. RODNEY E. WILMOTH 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			

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
ROBERT G. ALDRIDGE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JOHN L. BARTHOLOMEW 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
RAYMOND A. BICHIMER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
MELVIN DETTRA 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
F. FREDRICK FETHER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
LAWRENCE L. FISHER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
HUGH C. FOWLER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
JOHN D. GOOD 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			

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
JAMES S. HAMILTON 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
THEODORE A. HENDRICKS 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
DAN L. HUFFER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
EDWARD A. MARYE, JR. 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
F L MCKINLEY 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
FREDERICK E. MILLS 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
RV. NICHOLAS RACHFORD 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
HAROLD H. SHORT 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			

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
DONALD E. SNYDER, SR. 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
ROBERT F. TENHOVER 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
CARL D. VANCE 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			
GRAYDON D. WEBB 5221 MORNING SUN ROAD OXFORD, OHIO 45056	TRUSTEE 1			

GRAND TOTALS 77,600. 7,354. NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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PHI KAPPA TAU FRATERNITY  
PHI KAPPA TAU PROPERTIES

SCHEDULE A, PART III - EXPLANATION FOR LINE 4  
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THE FOUNDATION PROVIDES SCHOLARSHIPS AND FELLOWSHIPS TO MEMBERS, WHO MUST SUBMIT APPLICATIONS TO BE CONSIDERED. A COMMITTEE REVIEWS THE APPLICATIONS AND SELECTS THE SCHOLARSHIP AND FELLOWSHIP RECIPIENTS.

**The Phi Kappa Tau Foundation**  
**Ein : 31-60224975**  
**30-Jun-03**

Form 990, Part IV, Line 57c

Building	1,007,170
Computer Equipment & Furniture	<u>274,214</u>
	1,281,384
Accumulated Depreciation	<u>(313,933)</u>
Total to line 57c	<u><u>967,451</u></u>

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

<b>Type or print</b> File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>PHI KAPPA TAU FOUNDATION</b>	Employer identification number <b>31-6024975</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5221 MORNING SUN ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OXFORD, OH 45056</b>	

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/17/2004

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2002 and ending 06/30/2003

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature William A Wesendorf Title CPA Date 2/11/2004

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above**

<b>Type or print</b>	Name <b>BKD, LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>312 WALNUT STREET, SUITE 3000</b>
	City or town, province or state, and country (including postal or ZIP code) <b>CINCINNATI, OH 45202</b>