

**Return of Organization Exempt From Income Tax**

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 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004**

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

**C Name of organization**  
**PHI KAPPA TAU FOUNDATION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5221 MORNING SUN ROAD**  
 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  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  No  
**H(b)** If "Yes," enter number of affiliates **▶**  
**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** **▶ N/A**  
**J Organization type** (check only one)  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**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.**

**I Group Exemption Number** **▶**  
**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 **▶ 2,889,083.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		<b>629,243.</b>	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>629,243.</b> noncash \$ )				<b>1d 629,243.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>1,460.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>356,145.</b>
	<b>6a</b> Gross rents	<b>6a</b>		<b>26,565.</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>		<b>9,119.</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>17,446.</b>
<b>7</b> Other investment income (describe <b>▶</b> )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>1,873,570.</b>	<b>8a</b>	<b>2,100.</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>1,805,401.</b>	<b>8b</b>	<b>1,385.</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>-68,169.</b>	<b>8c</b>	<b>715.</b>	
<b>d</b> Net gain or (loss) (combine line 8c with column (A) and (B))	<b>8d</b>			<b>68,884.</b>	
<b>9</b> Special events and activities (attach schedule) if any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ contributions reported on line 1 of Form 990-B of )	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1,073,178.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>683,342.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>170,795.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>228,770.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>1,082,907.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-9,729.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>8,915,222.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT 1</b>	<b>20</b>		<b>545,074.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>9,450,567.</b>

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAR 31 2005

RECEIVED  
MAR 21 2005  
ODDEN, UT  
IRS-CO

**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 22 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 \$ 325,078, noncash \$ )	22 325,078.	325,078.	STMT 2	
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 72,800.	32,121.	20,049.	20,630.
26 Other salaries and wages	26 207,746.	91,662.	57,212.	58,872.
27 Pension plan contributions	27 6,984.	3,082.	1,923.	1,979.
28 Other employee benefits	28 20,944.	9,241.	5,768.	5,935.
29 Payroll taxes	29 22,898.	10,103.	6,306.	6,489.
30 Professional fundraising fees	30 66,428.			66,428.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 10,434.	4,591.	2,880.	2,963.
35 Postage and shipping	35 39,608.	37,599.	990.	1,019.
36 Occupancy	36			
37 Equipment rental and maintenance	37 23,074.	10,153.	6,368.	6,553.
38 Printing and publications	38 69,486.	69,486.		
39 Travel	39 14,126.	6,216.	3,898.	4,012.
40 Conferences, conventions, and meetings	40 11,027.	5,139.	2,902.	2,986.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 49,711.	24,998.	8,579.	16,134.
43 Other expenses not covered above (Itemize) STMT 4	43a 142,563.	53,873.	53,920.	34,770.
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 1,082,907.	683,342.	170,795.	228,770.

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 25 of the instructions.)**

What is the organization's primary exempt purpose? STMT 5	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 \$ 163,828.)	181,132.
b SCHOLARSHIPS - PROVIDES FUNDS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PHI KAPPA TAU COLLEGIATES AND ALUMNAE. (Grants and allocations \$ 161,250.)	210,352.
c LAUREL PUBLICATION - PROVIDES FUNDS TO PUBLISH THE LAUREL THE OFFICIAL MAGAZINE OF THE FRATERNITY. (Grants and allocations \$ )	291,858.
d	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	683,342.

**Part IV Balance Sheets** (See page 25 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
Assets	45 Cash - non-interest-bearing . . . . .	301,319.	45	374,313.
	46 Savings and temporary cash investments . . . . .	308,245.	46	374,306.
	47a Accounts receivable . . . . .	47a 7,757.		
	b Less: allowance for doubtful accounts . . . . .	47b 1,644.	12,599.	47c 6,113.
	48a Pledges receivable . . . . .	48a 519,968.		
	b Less: allowance for doubtful accounts . . . . .	48b	505,769.	48c 519,968.
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .		48,021.	52 101,636.
	53 Prepaid expenses and deferred charges . . . . .		8,756.	53 9,061.
	54 Investments - securities (attach schedule) <b>STMT 6.</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		2,784,978.	54 2,830,450.
	55a Investments - land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c
56 Investments - other (attach schedule) . . . . . <b>STMT 7.</b>		4,045,281.	56 4,299,415.	
57a Land, buildings, and equipment: basis . . . . .	57a 1,306,058.			
b Less: accumulated depreciation (attach schedule) . . . . .	57b 370,504.	967,451.	57c 935,554.	
58 Other assets (describe <b>STMT 8</b> )		79,871.	58 55,464.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		9,062,290.	59 9,506,280.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	147,068.	60	55,713.
	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) . . . . .		64b	
	65 Other liabilities (describe <b>STMT 8</b> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		147,068.	66 55,713.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	1,089,649.	67	1,080,953.
	68 Temporarily restricted . . . . .	3,111,494.	68	3,401,401.
	69 Permanently restricted . . . . .	4,714,079.	69	4,968,213.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 70 through 74.</b>			
	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 <b>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) . . . . .		8,915,222.	73 9,450,567.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		9,062,290.	74 9,506,280.

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 VI Other Information (See page 28 of the instructions.)

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? . . . 77 X
78a 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
80a 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? . . . 80a X
b If "Yes," enter the name of the organization PHI KAPPA TAU FRATERNITY, PHI KAPPA TAU PROPERTIES and check whether it is X exempt or nonexempt.
81a Enter direct and indirect political expenditures. See line 81 instructions. . . 81a
b Did the organization file Form 1120-POL for this year? . . . 81b X
82a 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 9,682.
83a 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
84a 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 on line 85f? . . . 85g X
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h X
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
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A, section 4955 N/A
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 . . . N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization . . . N/A
90a 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, 2003 (See instructions) . . . 90b 5
91 The books are in care of C. STEVEN HARTMAN Telephone no. 513-523-1788
Located at 5221 MORNING SUN ROAD, OXFORD, OH 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 page 33 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>					1,460.
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	356,145.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .	531120	236.	16	17,210.	
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	68,884.	
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)) . . . . .		236.		442,239.	1,460.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					443,935.

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 34 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 34 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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. Green Date: 03/15/05  
 Executive Director

CPA Date: 03/15/05 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

**2003**

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
<u>WILLIAM D. JENKINS</u> 5221 MORNING SUN ROAD OXFORD, OH 45056	CENTENNIAL COORD 24	62,698.	10,600.	3,600.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 . . . . . ▶	<b>NONE</b>			

**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>NONE</b>		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>NONE</b>	

<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 of Part VI-B) . . . . .		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? . . . . .		X
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . <b>FORM 990, PART V</b> . . . . .	X	
e	Transfer of any part of its income or assets? . . . . .		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . . <b>STMT 15</b>	X	
b	Do you have a section 403(b) annuity plan for your employees? . . . . .		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X

**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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (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 not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26-27. Line 26: Organizations described on lines 10 or 11. Sub-rows: a Enter 2% of amount in column (e), line 24 (26a: 83,485); b Prepare a list for your records to show the name of and amount contributed by each person (26b); c Total support for section 509(a)(1) test (26c: 4,174,265); d Add: Amounts from column (e) for lines 18, 19, 22, 26b (26d: 2,169,904); e Public support (line 26c minus line 26d total) (26e: 2,004,361); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) (26f: 48.0171 %).

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: (2002) (2001) (2000) NOT APPLICABLE (1999)

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: (2002) (2001) (2000) (1999)

Table for lines 27-28. Line 27: Organizations described on line 12. Sub-rows: 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 from 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 1999 through 2002, 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.) **NOT APPLICABLE**  
 (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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
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?		
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.		
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		

**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
<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 - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} <b>41</b>		
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>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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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**

(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
<b>a</b> Volunteers . . . . .		<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .		<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .		<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .		<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<input checked="" 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 -----
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	254,134.
UNREALIZED GAINS ON INVESTMENT	290,940.
TOTAL	----- 545,074. =====



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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

325,078.

FORM 990, PART II - OTHER EXPENSES  
=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	63,965.	28,145.	17,654.	18,166.
EDUCATIONAL GRANT	17,325.		17,325.	
OFFICE SUPPLIES	789.	347.	218.	224.
UTILITIES	20,862.	9,179.	5,758.	5,925.
DUES AND MEMBERSHIPS	7,540.	3,318.	2,081.	2,141.
INSURANCE	14,124.	7,102.	2,438.	4,584.
MISCELLANEOUS EXPENSES	8,828.	5,300.	107.	3,421.
PAYROLL PROCESSING FEES	1,092.	482.	301.	309.
BAD DEBTS	8,038.		8,038.	
TOTALS	142,563.	53,873.	53,920.	34,770.

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	1,920,223.
FIXED INCOME MUTUAL FUNDS	910,227.
TOTALS	----- 2,830,450. =====

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

DESCRIPTION -----	ENDING BOOK VALUE -----
BENEFICIAL INTEREST IN PERPETUAL TRUST	4,299,415.
TOTALS	----- 4,299,415. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CASH SURRENDER VALUE OF LIFE	
INSURANCE	18,267.
INTEREST RECEIVABLE	37,197.
	-----
TOTALS	55,464.
	=====

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

=====

DESCRIPTION

AMOUNT

-----

-----

CHANGE IN BENEFICIAL INTEREST  
IN PERPETUAL TRUST

254,134.

-----

TOTAL

254,134.

=====

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

=====

DESCRIPTION

AMOUNT

-----

-----

990-T RENT EXPENSES INCLUDED  
IN REVENUE

-9,119.

-----

TOTAL

-9,119.

=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
990-T RENT EXPENSES INCLUDED IN REVENUE	9,119.
TOTAL	----- 9,119.
	=====

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.
JOHN GREEN 5221 MORNING SUN ROAD OXFORD, OH 45056	EXECUTIVE DIRECTOR 40	72,800.	4,000.	4,800.
JERRY CARLTON 5221 MORNING SUN ROAD OXFORD, OH 45056	CHAIRMAN 1	NONE	NONE	NONE
WILLIAM BRAUND 5221 MORNING SUN ROAD OXFORD, OH 45056	TREASURER 1	NONE	NONE	NONE
ROBERT LEATHERMAN 5221 MORNING SUN ROAD OXFORD, OH 45056	SECRETARY 1	NONE	NONE	NONE
MARK BOYD 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
NORM BROWN 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
GREG HOLLEN 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
JAY MCCANN 5221 MORNING SUN ROAD OXFORD, OH 45056	PRESIDENT 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.

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES.
BILL CRANE 5221 MORNING SUN ROAD OXFORD, OH 45056	VICE PRESIDENT 1	NONE	NONE	NONE
DON PHILLIPS 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
JOEL RUDY 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
SCOTT STEWART 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
ROD WILMOTH 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
STEVE HARTMAN 5221 MORNING SUN ROAD OXFORD, OH 45056	COO 1	NONE	NONE	NONE
C. BRENT DEVORE 5221 MORNING SUN ROAD OXFORD, OH 45056	VICE CHAIRMAN 1	NONE	NONE	NONE
JOHN COSGROVE 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 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.
GREG HEILMEIER 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
JIM HEILMEIER 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
DAVID W. LAWRENCE 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE
ROSS ROEDER 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 1	NONE	NONE	NONE

GRAND TOTALS  
 -----  
 72,800.  
 -----  
 4,800.  
 -----

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

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.

# Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate  
Instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

**PHI KAPPA TAU FOUNDATION**

**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 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)	
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 2002 Capital Loss Carryover Worksheet					4	
5a	Combine lines 1 through 3 in column (g)					5a	
5b	b Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 14a below					5b	

**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 32)	(f) Gain or (Loss) for the entire year (col (d) less col (e))	(g) Post-May 5 gain or (loss)* (see below)	
6							
	SEE STATEMENT 1		1,873,570.	1,805,401.	68,169.	68,169.	
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 the amount, if any, from line 14 of the 2002 Capital Loss Carryover Worksheet					11	
12	Combine lines 6 through 10 in column (g)					12	68,169.
13	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 15a below					13	68,169.

\*Include in col. (g) all gains and losses from col. (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain or 28% rate gain or loss (see instr.).

**Part III Summary of Parts I and II**

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
14a Net short-term gain or (loss) (for the entire year)	14a		
b(1) Net short-term gain (post-May 5, 2003)	14b(1)		
b(2) Net short-term loss (post-May 5, 2003)	14b(2)		
15a Net long-term gain or (loss) (for the entire year)	15a		68,169.
b Net long-term gain (post-May 5, 2003)	15b		
c Qualified 5-year gain	15c		
d Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	15d		
e 28% rate gain or (loss)	15e		
16a Total net gain or (loss). Combine lines 14a and 15a	16a		68,169.
b Combine lines 14b(2) and 15b. If zero or less, enter -0-	16b		

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

**Part IV Capital Loss Limitation**

<b>17</b> Enter here and enter as a (loss) on Form 1041, line 4, the smaller of: a The loss on line 16a, column (3) or b \$3,000	<b>17</b> (                    )
--	----------------------------------

*If the loss on line 16a, 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 36 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 15a and 16a in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

**Note:** If line 15d, column (2) or line 15e, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 18.

<b>18</b> Enter taxable income from Form 1041, line 22	<b>18</b>			
<b>19</b> Enter the smaller of line 15a or 16a in column (2) but not less than zero	<b>19</b>			
<b>20</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	<b>20</b>			
<b>21</b> Add lines 19 and 20	<b>21</b>			
<b>22</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	<b>22</b>			
<b>23</b> Subtract line 22 from line 21. If zero or less, enter -0-	<b>23</b>			
<b>24</b> Subtract line 23 from line 18. If zero or less, enter -0-	<b>24</b>			
<b>25</b> Enter the smaller of the amount on line 18 or \$1,000	<b>25</b>			
<b>If line 24 is more than line 25, skip lines 26-36 and go to line 37.</b>				
<b>26</b> Enter the amount from line 24	<b>26</b>			
<b>27</b> Subtract line 26 from line 25. If zero or less, enter -0- and go to line 37	<b>27</b>			
<b>28</b> Add lines 16b, col. (2) and 20*	<b>28</b>			
<b>29</b> Enter the smaller of line 27 or line 28	<b>29</b>			
<b>30</b> Multiply line 29 by 5% (.05)				<b>30</b>
<b>If lines 27 and 29 are the same, skip lines 31-36 and go to line 37.</b>				
<b>31</b> Subtract line 29 from line 27	<b>31</b>			
<b>32</b> Enter the amount, if any, from line 15c, column (2)	<b>32</b>			
<b>33</b> Enter the smaller of line 31 or line 32	<b>33</b>			
<b>34</b> Multiply line 33 by 8% (.08)				<b>34</b>
<b>35</b> Subtract line 33 from line 31	<b>35</b>			
<b>36</b> Multiply line 35 by 10% (.10)				<b>36</b>
<b>If the amounts on lines 23 and 27 are the same, skip lines 37 through 46 and go to line 47.</b>				
<b>37</b> Enter the smaller of line 18 or line 23	<b>37</b>			
<b>38</b> Enter the amount, if any, from line 27	<b>38</b>			
<b>39</b> Subtract line 38 from line 37	<b>39</b>			
<b>40</b> Add lines 16b, col. (2) and 20*	<b>40</b>			
<b>41</b> Enter the amount from line 29 (if line 29 is blank, enter -0-)	<b>41</b>			
<b>42</b> Subtract line 41 from line 40	<b>42</b>			
<b>43</b> Enter the smaller of line 39 or line 42	<b>43</b>			
<b>44</b> Multiply line 43 by 15% (.15)				<b>44</b>
<b>45</b> Subtract line 43 from line 39	<b>45</b>			
<b>46</b> Multiply line 45 by 20% (.20)				<b>46</b>
<b>47</b> Figure the tax on the amount on line 24. Use the 2003 Tax Rate Schedule on page 21 of the instructions	<b>47</b>			<b>NONE</b>
<b>48</b> Add lines 30, 34, 36, 44, 46, and 47	<b>48</b>			<b>NONE</b>
<b>49</b> Figure the tax on the amount on line 18. Use the 2003 Tax Rate Schedule on page 21 of the instructions	<b>49</b>			
<b>50</b> Tax on all taxable income. Enter the smaller of line 48 or line 49 here and on line 1a of Schedule G, Form 1041	<b>50</b>			

\* If lines 20 and 22 are more than zero, see Lines 28 and 40 on page 36 for the amount to enter



**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return

Identifying number

**PHI KAPPA TAU FOUNDATION**

**31-6024975**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2003 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See instructions.)**

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) for entire year. Subtract (f) from the sum of (d) and (e)	(h) Post-May 5, 2003, gain or (loss)* (see below)
<b>2</b>							
<b>3</b> Gain, if any, from Form 4684, line 39 . . . . .							<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .							<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .							<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft . . . . .							<b>6</b>
<b>7</b> Combine lines 2 through 6 in columns (g) and (h). Enter the gain or (loss) here and on the appropriate line as follows: . . . . .							<b>7</b>
<b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 6, or Form 1120S, Schedule K, line 5. Skip lines 8, 9, 11, and 12 below. <b>All others.</b> If line 7, column (g) is zero or a loss, enter that amount on line 11 below and skip lines 8, 9 and 12. If line 7, column (g), is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain or (loss) in each column as a long-term capital gain or (loss) on Schedule D and skip lines 8, 9, 11, and 12 below.							
<b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .							<b>8</b>
<b>9</b> Subtract line 8 from line 7. If line 9, column (g), is zero or less, enter -0- in column (g). If line 9, column (g), is zero, enter the gain from line 7, column (g), on line 12 below. If line 9, column (g), is more than zero, enter the amount from line 8, column (g), on line 12 below and include the gain or (loss) in each column of line 9 as a long-term capital gain or (loss) on Schedule D (see instructions) .							<b>9</b>

\*Corporations (other than S corporations) should not complete column (h). Partnerships and S corporations must complete column (h). All others must complete column (h) only if line 7, column (g), is a gain and the amount, if any, on line 8, column (g), does not exceed the gain on line 7, column (g). Include in column (h) all gains and losses from column (g) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain.

**Part II Ordinary Gains and Losses**

**10** Ordinary gains and losses not included on lines 11 through 17 (include property held 1 year or less):

<b>SEE STATEMENT 1</b>						<b>715</b>
------------------------	--	--	--	--	--	------------

<b>11</b> Loss, if any, from line 7, column (g) . . . . .	<b>11</b>	( )
<b>12</b> Gain, if any, from line 7, column (g), or amount from line 8, column (g), if applicable . . . . .	<b>12</b>	
<b>13</b> Gain, if any, from line 31 . . . . .	<b>13</b>	
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>	
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>	
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>	
<b>17</b> Recapture of section 179 expense deduction for partners and S corporation shareholders for property dispositions from 2002-2003 fiscal year partnerships and S corporations (see instructions)	<b>17</b>	
<b>18</b> Combine lines 10 through 17. Enter the gain or (loss) here and on the appropriate line as follows: <b>a</b> For all except individual returns. Enter the gain or (loss) from line 18 on the return being filed. <b>b</b> For individual returns: (1) If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18b(1)." See instructions . . . . . (2) Redetermine the gain or (loss) on line 18 excluding the loss, if any, on line 18b(1). Enter here and on Form 1040, line 14 . . . . .	<b>18</b>	<b>715</b>
	<b>18b(1)</b>	
	<b>18b(2)</b>	

**For Paperwork Reduction Act Notice, see page 7 of the instructions.**

Form **4797** (2003)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing)	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract line 23 from line 20. . . . .	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a . . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) . . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage (see instructions) . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

**Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.**

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6, column (g), and if applicable, column (h). . . . .	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (See instructions.)**

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	





**SUPPLEMENT TO RENT AND ROYALTY SCHEDULE**  
=====

**OTHER INCOME**

26,565.  
-----  
26,565.  
=====

RENT AND ROYALTY SUMMARY  
=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL OF BUILDING	26,565.	7,101.	2,018.	17,446.
	-----	-----	-----	-----
TOTALS	26,565.	7,101.	2,018.	17,446.
	=====	=====	=====	=====

**The Phi Kappa Tau Foundation**  
**Ein : 31-60224975**  
**30-Jun-04**

Form 990, Part IV, Line 57c	6/30/2003	6/30/2004
Building	1,007,170	1,007,170
Computer Equipment & Furniture	<u>274,214</u>	<u>298,888</u>
	1,281,384	1,306,058
Accumulated Depreciation	<u>(313,933)</u>	<u>(370,504)</u>
Total to line 57c	<u><u>967,451</u></u>	<u><u>935,554</u></u>

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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.

Name of Exempt Organization: PHI KAPPA TAU FOUNDATION
Employer Identification number: 31-6024975
Number, street, and room or suite no.: 5221 MORNING SUN ROAD
City, town or post office, state, and ZIP code: OXFORD, OH 45056

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

Form 990 [checked] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870 [ ]
Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] 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 05/16/2005
5 For calendar year , or other tax year beginning 07/01/2003 and ending 06/30/2004
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: [Handwritten Signature] Title: CPA Date: 2/14/05

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

Director 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.

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