Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047

**2004**

Open to Public Inspection

**A For the 2004 calendar year, or tax year beginning** 07/01 , 2004, and ending 06/30/2005

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

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

C Name of organization
PHI KAPPA TAU FOUNDATION

Number and street (or P O. box if mail is not delivered to street address) | 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 [X] Accrual [ ] Other (specify) ▶

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

*H and I are not applicable to section 527 organizations*

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

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

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

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

I Group Exemption Number ▶ N/A

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

G **Website:** ▶ N/A

J **Organization type** (check only one) ▶ [X] 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**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,767,383.

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

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| | a | Direct public support | 1a | 850,258. | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | Total (add lines 1a through 1c) (cash $ 841,233. noncash $ 9,025. ) | | | 1d | 850,258. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 10,286. |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | |
| | 5 | Dividends and interest from securities | | | 5 | 337,402. |
| | 6 a | Gross rents | 6a | 32,223. | | |
| | b | Less rental expenses | 6b | 12,585. | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | 19,638. |
| | 7 | Other investment income (describe ▶ ) | | | 7 | |

| | | (A) Securities | | (B) Other |
|---|---|---|---|---|
| 8 a | Gross amount from sales of assets other than inventory | 571,969. | 8a | |
| b | Less cost or other basis and sales expenses | 546,149. | 8b | |
| c | Gain or (loss) (attach schedule) | 25,820. | 8c | -34,755. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | 8d | -8,935. |
| | 9 | Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ] | | | | |
| | a | Gross revenue (not including $ ____ of contributions reported on line 1a) | 9a | | | |
| | b | Less direct expenses other than fundraising expenses | 9b | | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | 9c | |
| | 10 a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | |
| | 12 | **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 1,208,649. |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 638,541. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 206,500. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 283,042. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 1,128,083. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 80,566. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 9,450,567. |
| | 20 | Other changes in net assets or fund balances (attach explanation) STMT 1 | | | 20 | 234,512. |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 9,765,645. |

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## 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 $ 273,233. noncash $ ) | 22 | 273,233. | 273,233. | 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 | 80,000. | 35,200. | 22,080. | 22,720. |
| 26 Other salaries and wages | 26 | 206,815. | 90,999. | 57,081. | 58,735. |
| 27 Pension plan contributions | 27 | 8,962. | 3,943. | 2,474. | 2,545. |
| 28 Other employee benefits | 28 | 14,348. | 6,313. | 3,960. | 4,075. |
| 29 Payroll taxes | 29 | 24,432. | 10,750. | 6,743. | 6,939. |
| 30 Professional fundraising fees | 30 | 100,363. | | | 100,363. |
| 31 Accounting fees | 31 | | | | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 81,616. | 35,911. | 22,638. | 23,067. |
| 34 Telephone | 34 | | | | |
| 35 Postage and shipping | 35 | | | | |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | 11,639. | 5,121. | 3,212. | 3,306. |
| 38 Printing and publications | 38 | 82,054. | 82,054. | | |
| 39 Travel | 39 | 10,936. | 4,812. | 3,054. | 3,070. |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 68,580. | 34,486. | 11,835. | 22,259. |
| 43 Other expenses not covered above (itemize) STMT 4 | 43a | 165,105. | 55,719. | 73,423. | 35,963. |
| 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 | 1,128,083. | 638,541. | 206,500. | 283,042. |

**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

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 $ 149,650.) | 168,357. |
| b | SCHOLARSHIPS - PROVIDES FUNDS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PHI KAPPA TAU COLLEGIATES AND ALUMNAE. THIS PROGRAM SERVED APPROXIMATELY 25 PEOPLE. (Grants and allocations $ 123,583.) | 178,118. |
| c | LAUREL PUBLICATION - PROVIDES FUNDS TO PUBLISH THE LAUREL, THE OFFICIAL MAGAZINE OF THE FRATERNITY. (Grants and allocations $ ) | 292,066. |
| 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) ▶ | 638,541. |

## 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 | | | 374,313. | 45 | 445,806. |
| 46 Savings and temporary cash investments | | | 374,306. | 46 | 978,774. |
| 47a Accounts receivable | 47a | NONE | | | |
| b Less: allowance for doubtful accounts | 47b | NONE | 6,113. | 47c | NONE |
| 48a Pledges receivable | 48a | 658,131. | | | |
| b Less: allowance for doubtful accounts | 48b | 73,599. | 519,968. | 48c | 584,532. |
| 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 | | | 101,636. | 52 | 55,000. |
| 53 Prepaid expenses and deferred charges | | | 9,061. | 53 | 4,600. |
| 54 Investments - securities (attach schedule) STMT 6 ▶ [ ] Cost [X] FMV | | | 2,830,450. | 54 | 2,835,785. |
| 55a Investments - land, buildings, and equipment: basis | 55a | | | | |
| b Less: accumulated depreciation (attach schedule) | 55b | | | 55c | |
| 56 Investments - other (attach schedule) STMT. 7 | | | 4,299,415. | 56 | 3,991,101. |
| 57a Land, buildings, and equipment: basis | 57a | 1,288,016. | | | |
| b Less: accumulated depreciation (attach schedule) | 57b | 386,046. | 935,554. | 57c | 901,970. |
| 58 Other assets (describe ▶ STMT 8) | | | 55,464. | 58 | 70,035. |
| 59 **Total assets** (add lines 45 through 58) (must equal line 74) | | | 9,506,280. | 59 | 9,867,603. |
| **Liabilities** | | | | | |
| 60 Accounts payable and accrued expenses | | | 55,713. | 60 | 101,958. |
| 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 ▶ ) | | | | 65 | |
| 66 **Total liabilities** (add lines 60 through 65) | | | 55,713. | 66 | 101,958. |
| **Net Assets or Fund Balances** | | | | | |
| **Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| 67 Unrestricted | | | 1,080,953. | 67 | 1,075,849. |
| 68 Temporarily restricted | | | 3,401,401. | 68 | 3,572,016. |
| 69 Permanently restricted | | | 4,968,213. | 69 | 5,117,780. |
| **Organizations that do not follow SFAS 117, check here** ▶ [ ] and complete lines 70 through 74 | | | | | |
| 70 Capital stock, trust principal, or current funds | | | | 70 | |
| 71 Paid-in or capital surplus, or land, building, and equipment fund | | | | 71 | |
| 72 Retained earnings, endowment, accumulated income, or other funds | | | | 72 | |
| 73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19, column (B) **must** equal line 21) | | | 9,450,567. | 73 | 9,765,645. |
| 74 **Total liabilities and net assets / fund balances** (add lines 66 and 73) | | | 9,506,280. | 74 | 9,867,603. |

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

| | | | |
|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | a | 1,498,875. |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments $ 129,561. | | |
| (2) | Donated services and use of facilities $ 8,374. | | |
| (3) | Recoveries of prior year grants $ | | |
| (4) | Other (specify) STMT 9 $ 139,706. | | |
| | Add amounts on lines (1) through (4) | b | 277,641. |
| c | Line a minus line b | c | 1,221,234. |
| d | Amounts included on line 12, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) STMT 10 $ -12,585. | | |
| | Add amounts on lines (1) and (2) | d | -12,585. |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 1,208,649. |

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

| | | | |
|---|---|---|---|
| a | Total expenses and losses per audited financial statements | a | 1,149,042. |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities $ 8,374. | | |
| (2) | Prior year adjustments reported on line 20, Form 990 $ | | |
| (3) | Losses reported on line 20, Form 990 $ | | |
| (4) | Other (specify) STMT 11 $ 12,585. | | |
| | Add amounts on lines (1) through (4) | b | 20,959. |
| c | Line a minus line b | c | 1,128,083. |
| d | Amounts included on line 17, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 1,128,083. |

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 12 | | 80,000. | 3,000. | NONE |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions

**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? If "Yes," attach a conformed copy of the changes | 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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 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 | 8,374. | | |
| 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? 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 | | 85b | N/A | |
| 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 | N/A | |
| 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 | N/A | |
| 86 | *501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A | | |
| 87 | *501(c)(12) orgs* Enter a Gross income from members or shareholders | 87a | N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 87b | N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX | | 88 | | X |

89a *501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE

| | | | Yes | No |
|---|---|---|---|---|
| b | *501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE

90a List the states with which a copy of this return is filed ▶NONE

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions ) 90b 6

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 NONE

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

| Note: *Enter gross amounts unless otherwise indicated* | Unrelated business income (A) Business code | Unrelated business income (B) Amount | Excluded by section 512, 513, or 514 (C) Exclusion code | Excluded by section 512, 513, or 514 (D) Amount | (E) Related or exempt function income |
|---|---|---|---|---|---|
| 93 Program service revenue | | | | | |
| a ELFERS ADMIN FEES | | | | | 10,286. |
| 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 | 337,402. | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | 16 | 19,638. | |
| 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 | -8,935. | |
| 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)) | | | | 348,105. | 10,286. |

105 Total (add line 104, columns (B), (D), and (E)) ▶ 358,391.

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

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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).*

**Please Sign Here**

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

Signature of officer — Date May 15, 2006

C. HARTMAN, CEO

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature — Date 5/15/06 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen Inst W) P00632071

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP, 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 45202

EIN ▶ 44-0160260

Phone no ▶ 513-621-8300

**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

2004

Name of the organization: PHI KAPPA TAU FOUNDATION

Employer identification number: 31-6024975

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

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

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

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

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

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

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on 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 ) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions )* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | 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 ) STMT 16 | 3a | X | |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | | X |
| 4a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | 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 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*

| Calendar year (or fiscal year beginning in) ▶ | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28 ) | 615,044. | 65,989. | 649,618. | 744,291. | 2,074,942. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose | 7,946. | 4,740. | 5,767. | 62,912. | 81,365. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 382,710. | 440,385. | 528,715. | 440,963. | 1,792,773. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 1,005,700. | 511,114. | 1,184,100. | 1,248,166. | 3,949,080. |
| 24 Line 23 minus line 17 | 997,754. | 506,374. | 1,178,333. | 1,185,254. | 3,867,715. |
| 25 Enter 1% of line 23 | 10,057. | 5,111. | 11,841. | 12,482. | |

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 77,354.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 3,867,715.

d Add Amounts from column (e) for lines 18 1,792,773. 19 ______ 22 ______ 26b ______ ▶ 26d 1,792,773.

e Public support (line 26c minus line 26d total) ▶ 26e 2,074,942.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 53.6477 %

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

(2003) ______ (2002) ______ (2001) NOT APPLICABLE (2000) ______

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

(2003) ______ (2002) ______ (2001) ______ (2000) ______

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 2000 through 2003,* 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)**

| | | Line | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) | | | |
| 32 | Does the organization maintain the following: | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

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

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

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

**4-Year Averaging Period Under Section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| | **Lobbying Expenditures During 4-Year Averaging Period** | | | | |
|---|---|---|---|---|---|
| **Calendar year (or fiscal year beginning in)** ▶ | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 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 |
|---|---|---|---|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) | | | NONE |

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

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

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

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

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| 51B(III) | 19,923. | PHI KAPPA TAU FRAT. | RENTAL INCOME - OFFICE SPACE |
| | | | AND COMPUTER EQUIPMENT |
| 51B(IV) | 149,650. | PHI KAPPA TAU FRAT. | REIMBURSEMENT OF EDUCATIONAL |
| | | | EXPENSES. |

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

b If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| PHI KAPPA TAU FRAT. | IRC SEC. 501(C)(7) | PARTICIPATE IN JOINT EFFORT TO |
| | | ATTAIN A COMMON PURPOSE; |
| | | SHARE FACILITIES, EQUIPMENT |
| | | & PERSONNEL. |
| PHI KAPPA TAU | IRC SEC. 501(C)(2) | PARTICIPATE IN JOINT EFFORT TO |
| PROPERTIES | | ATTAIN A COMMON PURPOSE; |
| | | SHARE FACILITIES, EQUIPMENT |
| | | & PERSONNEL. |

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

| DESCRIPTION | AMOUNT |
| --- | --- |
| UNREALIZED GAINS ON INVESTMENTS | 129,561. |
| CHANGE IN TRUST | 78,644. |
| INCREASE IN CSV OF LIFE INSURANCE | 26,307. |
| TOTAL | 234,512. |

STATEMENT 1

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

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|---|---|---|
| GRANTS PAID | | | |
| FRED FEATHER SCHOLARSHIP | NONE | SCHOLARSHIP | 2,000. |
| MISCELLANEOUS GRANTS PAID | NONE | SCHOLARSHIP | 169. |
| PAULINE BERTSCH MEMORIAL SCHOLARSHIP | NONE | SCHOLARSHIP | 500. |
| NIF - ANSON | NONE | SCHOLARSHIP | 1,000. |
| HOLE IN THE WALL GANG STIPENDS RECIPIENTS<br>OXFORD, OH 45056 | NONE | SCHOLARSHIP | 8,437. |
| HOLE IN THE WALL GANG GRANTS<br>OXFORD, OH 45056 | NONE | SCHOLARSHIP | 111,477. |
| PHI KAPPA TAU FRATERNITY<br>OXFORD, OH 45056 | AFFILIATED - EXEMPT ORGANIZATION | EDUCATIONAL GRANTS | 149,650. |

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 |
|---|---|---|---|
| | | TOTAL CONTRIBUTIONS PAID | 273,233. |

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|---|---|---|---|---|
| PROFESSIONAL FEES | 86,056. | 37,865. | 23,751. | 24,440. |
| GRANT EXPENSES | 40,913. | | 40,913. | |
| DUES AND MEMBERSHIPS | 5,927. | 2,608. | 1,636. | 1,683. |
| INSURANCE | 19,516. | 9,814. | 3,368. | 6,334. |
| MISCELLANEOUS | 12,693. | 5,432. | 3,755. | 3,506. |
| TOTALS | 165,105. | 55,719. | 73,423. | 35,963. |

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 | 1,960,430. |
| FIXED INCOME MUTUAL FUNDS | 875,355. |
| TOTALS | 2,835,785. |

STATEMENT 6

FORM 990, PART IV - INVESTMENTS - OTHER

| DESCRIPTION | | ENDING BOOK VALUE |
|---|---|---|
| BENEFICIAL INTEREST IN PERPETUAL TRUST | | 3,991,101. |
| | TOTALS | 3,991,101. |

FORM 990, PART IV - OTHER ASSETS

| DESCRIPTION | ENDING BOOK VALUE |
| --- | --- |
| CASH SURRENDER VALUE OF LIFE INSURANCE | 44,574. |
| INTEREST RECEIVABLE | 25,461. |
| TOTALS | 70,035. |

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

| DESCRIPTION | AMOUNT |
|---|---|
| APPRECIATION OF INT. IN TRUST | 78,644. |
| LOSS ON INVESTMENT | 34,755. |
| INCREASE IN CSV OF LIFE INSUR. | 26,307. |
| TOTAL | 139,706. |

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

| DESCRIPTION | | AMOUNT |
|---|---|---|
| RENT EXPENSE | | -12,585. |
| | TOTAL | -12,585. |

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

| DESCRIPTION | | AMOUNT |
|---|---|---|
| RENT EXPENSE | | 12,585. |
| | TOTAL | 12,585. |

STATEMENT 11

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 |
|---|---|---|---|---|
| GERALD G. CARLTON, JR.<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | CHAIRMAN<br>10 | NONE | NONE | NONE |
| DR. C. BRENT DEVORE<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | VICE CHAIRMAN<br>5 | NONE | NONE | NONE |
| BILL BRAUND<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TREASURER<br>10 | NONE | NONE | NONE |
| ROBERT LEATHERMAN<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | SECRETARY<br>5 | NONE | NONE | NONE |
| BILL CRANE<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| CHARLES T. BALL<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| GREG HOLLEN | | 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 |
|---|---|---|---|---|
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| DR. RODNEY WILMOTH | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| SCOTT STEWART | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| DAVE RUCKMAN | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| NORM BROWN | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| DAVID LAWRENCE | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | | | |
| DON PHILLIPS | | NONE | NONE | NONE |
| PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD | TRUSTEE<br>5 | | | |

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

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---|---|---|---|
| OXFORD, OH 45056 | | | | |
| ROSS ROEDER<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| GREG HEILMEIER<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| JOHN GREEN<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | EXECUTIVE DIRECTOR<br>50 | 80,000. | 3,000. | NONE |
| STEVE HARTMAN<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | CHIEF EXEC OFFICER<br>20 | NONE | NONE | NONE |
| TIMOTHY F. SMITH<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| JOHN F. COSGROVE ESQ.<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | 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 |
|---|---|---|---|---|
| JOEL RUDY<br>PHI KAPPA TAU FOUNDATION<br>5221 MORNING SUN ROAD<br>OXFORD, OH 45056 | TRUSTEE<br>5 | NONE | NONE | NONE |
| | GRAND TOTALS | 80,000. | 3,000. | NONE |

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.

## SCHEDULE OF FIXED ASSETS

**Phi Kappa Tau Foundation** **EIN: 31-6024975**

| | |
|---|---|
| Buildings | 1,007,170 |
| Computer Equipment & Furniture | 280,846 |
| | 1,288,016 |
| Less Accumulated Depreciation and Amortization | (386,046) |
| | 901,970 |
| Depreciation Expense: | 78,376 |

Depreciation expense is calculated using the straight line method over the estimated useful lives of the assets.

FORM 990, PAGE 3, PART IV, LINES 57a AND 57b
LAND, BUILDINGS AND EQUIPMENT

- 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.

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

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

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T(sec. 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

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

- The books are in the care of ▶ C. STEVEN HARTMAN
  Telephone No. ▶ 513 523-1788 FAX No ▶
- 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) N/A . 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 05/15/2006 .

5 For calendar year ______ , or other tax year beginning 07/01/2004 and ending 06/30/2005

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 ▶ Title ▶ CPA Date ▶ 2-13-06

## 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 extended due date of the return for which an extension was requested
- [ ] Other

By

Director 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

| Type or print | |
|---|---|
| | 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 |

BKD LLP

312 Walnut Street, Suite 3000 • P.O. Box 5367 • Cincinnati, OH 45201-5367 • 513 621-8300

Instructions for filing
Phi Kappa Tau Foundation
Form 990 with Sch. A - Exempt Under 501(c)(3)
for the period ended June 30, 2005

**************************

Signature...
The original return should be signed (using full name and title) and dated on page 6 by an authorized officer of the organization.

Filing...
The signed return should be filed on or before May 15, 2006 with...

Internal Revenue Service
Ogden, UT 84201-0027

Payment of tax...
No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

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