

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning Jul 1, 2006, and ending Jun 30, 2007

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

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

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

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If Yes, enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type: 501(c) 3

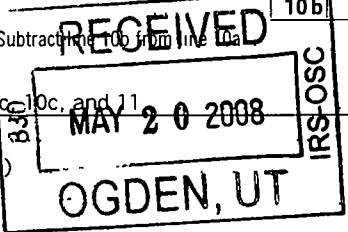
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,060,601.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing revenue and expenses. Line 12 Total revenue: 1,052,973. Line 17 Total expenses: 1,239,018. Line 18 Excess or deficit: -186,045. Line 19 Net assets at beginning: 9,964,543. Line 20 Other changes: 969,824. Line 21 Net assets at end: 10,748,322.

SCANNED JUN 21 2008



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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

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <b>343,258.</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	<b>343,258.</b>	<b>343,258.</b>		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) <b>See L-25a Stmt</b>	25a	<b>44,336.</b>	<b>0.</b>	<b>44,336.</b>	<b>0.</b>
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	<b>168,941.</b>	<b>55,239.</b>	<b>87,042.</b>	<b>26,660.</b>
27 Pension plan contributions not included on lines 25a, b, and c	27	<b>6,127.</b>	<b>1,587.</b>	<b>3,774.</b>	<b>766.</b>
28 Employee benefits not included on lines 25a - 27	28	<b>21,905.</b>	<b>5,673.</b>	<b>13,494.</b>	<b>2,738.</b>
29 Payroll taxes	29	<b>17,024.</b>	<b>4,409.</b>	<b>10,487.</b>	<b>2,128.</b>
30 Professional fundraising fees	30				
31 Accounting fees	31	<b>26,275.</b>	<b>0.</b>	<b>26,275.</b>	<b>0.</b>
32 Legal fees	32	<b>4,016.</b>	<b>0.</b>	<b>4,016.</b>	<b>0.</b>
33 Supplies	33	<b>15,522.</b>	<b>3,420.</b>	<b>7,849.</b>	<b>4,253.</b>
34 Telephone	34	<b>9,453.</b>	<b>0.</b>	<b>9,453.</b>	<b>0.</b>
35 Postage and shipping	35	<b>40,981.</b>	<b>26,540.</b>	<b>3,555.</b>	<b>10,886.</b>
36 Occupancy	36	<b>38,141.</b>	<b>0.</b>	<b>38,141.</b>	<b>0.</b>
37 Equipment rental and maintenance	37	<b>3,554.</b>	<b>0.</b>	<b>3,554.</b>	<b>0.</b>
38 Printing and publications	38	<b>86,782.</b>	<b>47,184.</b>	<b>148.</b>	<b>39,450.</b>
39 Travel	39				
40 Conferences, conventions, and meetings	40	<b>21,236.</b>	<b>2,141.</b>	<b>19,095.</b>	<b>0.</b>
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	<b>79,614.</b>	<b>0.</b>	<b>79,614.</b>	<b>0.</b>
43 Other expenses not covered above (itemize)					
a <b>COMPUTER SUPPORT</b>	43a	<b>8,685.</b>	<b>0.</b>	<b>8,685.</b>	<b>0.</b>
b <b>BOLES ADMINISTRATIVE FEES</b>	43b	<b>39,416.</b>	<b>0.</b>	<b>0.</b>	<b>39,416.</b>
c <b>OTHER PROFESSIONAL FEES</b>	43c	<b>35,050.</b>	<b>6,304.</b>	<b>28,333.</b>	<b>413.</b>
d <b>INSURANCE</b>	43d	<b>18,154.</b>	<b>6,139.</b>	<b>12,015.</b>	<b>0.</b>
e <b>BAD DEBT EXPENSE</b>	43e	<b>59,065.</b>	<b>0.</b>	<b>0.</b>	<b>59,065.</b>
f <b>MISC.</b>	43f	<b>12,529.</b>	<b>109.</b>	<b>12,405.</b>	<b>15.</b>
g See Other Expenses Stmt	43g	<b>138,954.</b>	<b>136,654.</b>	<b>714.</b>	<b>1,586.</b>
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	<b>1,239,018.</b>	<b>638,657.</b>	<b>412,985.</b>	<b>187,376.</b>

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**

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.

What is the organization's primary exempt purpose? **▶ TO SUPPORT THE EDUCATIONAL UNDERTAKINGS OF PHI KAPPA TAU FRAT**  
 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) organizations and 4947(a)(1) trusts, but optional for others)

<p><b>a FRATERNITY EDUCATIONAL SUPPORT - PROVIDES SUPPORT FOR VARIOUS EDUCATIONAL PROGRAMS OF THE FRATERNITY.</b></p> <p>-----                      -----                      -----                      -----</p> <p>(Grants and allocations \$ <b>170,000.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>465,399.</b></p>
<p><b>b SCHOLARSHIPS - PROVIDES FUNDS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO PHI KAPPA TAU COLLEGIATES AND ALUMNAE. THIS PROGRAM SERVED MORE THAN 50 PEOPLE.</b></p> <p>-----                      -----                      -----</p> <p>(Grants and allocations \$ <b>146,525.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>146,525.</b></p>
<p><b>c GRANTS TO CAMPS SERVING CHILDREN WITH CANCER AND OTHER LIFE-THREATENING ILLNESSES.</b></p> <p>-----                      -----                      -----</p> <p>(Grants and allocations \$ <b>12,974.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>12,974.</b></p>
<p><b>d GRANT IN HONOR OF MIAMI UNIVERSITY TO RENOVATE A CAMPUS MEMORIAL OF PHI KAPPA TAU.</b></p> <p>-----                      -----                      -----</p> <p>(Grants and allocations \$ <b>13,759.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>13,759.</b></p>
<p><b>e Other program services</b>                      (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b></p>	<p><b>638,657.</b></p>

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non-interest-bearing	0.	45	0.
	46 Savings and temporary cash investments	424,997.	46	490,767.
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable	309,914.	48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	309,914.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use	55,000.	52	0.
	53 Prepaid expenses and deferred charges	5,874.	53	5,860.
	54a Investments – publicly-traded securities <b>L-54a Stmt</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	3,412,898.	54a	3,807,811.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments – land, buildings, & equipment basis		55a		
b Less accumulated depreciation (attach schedule)		55b	55c	
56 Investments – other (attach schedule) <b>L-56 Stmt</b>	4,480,531.	56	5,004,009.	
57a Land, buildings, and equipment basis	1,857,525.	57a		
b Less accumulated depreciation (attach schedule) <b>L-57 Stmt</b>	489,304.	57b	57c	
58 Other assets, including program-related investments (describe <b>See Line 58 Stmt</b> )	50,130.	58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	10,107,494.	59	10,986,582.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	60,530.	60	38,210.
	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>See Line 65 Stmt</b> )	82,421.	65	200,050.
	66 <b>Total liabilities.</b> Add lines 60 through 65	142,951.	66	238,260.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,346,699.	67	3,429,592.
	68 Temporarily restricted	1,514,840.	68	1,776,135.
	69 Permanently restricted	5,103,004.	69	5,542,595.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> 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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	9,964,543.	73	10,748,322.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	10,107,494.	74	10,986,582.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>2,037,369.</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	<b>949,878.</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) <u>SEE ATTACHED SCHEDULE</u>	<b>b4</b>	<b>35,032.</b>	
	Add lines <b>b1</b> through <b>b4</b>			<b>b 984,910.</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c 1,052,459.</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>			<b>e 1,052,459.</b>

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	<b>1,263,168.</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) <u>SEE ATTACHED</u>	<b>b4</b>	<b>24,150.</b>	
	Add lines <b>b1</b> through <b>b4</b>			<b>b 24,150.</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c 1,239,018.</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>			<b>e 1,239,018.</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 and deferred compensation plans	(E) Expense account and other allowances
<u>SEE ATTACHED SCHEDULE</u>				
		<b>41,072.</b>	<b>3,264.</b>	<b>0.</b>



Part VI Other Information (continued)		Yes	No
<b>82 a</b>	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?	<b>82 a</b>	<b>X</b>
<b>b</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.)	<b>82 b</b>	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83 b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>	<b>X</b>
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85 a</b>	<b>N/A</b>
<b>b</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.	<b>85 b</b>	<b>N/A</b>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85 c</b>	<b>N/A</b>
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85 d</b>	<b>N/A</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	<b>N/A</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	<b>N/A</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	<b>N/A</b>
<b>h</b>	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?	<b>85 h</b>	<b>N/A</b>
<b>86</b>	<b>501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	<b>N/A</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	<b>N/A</b>
<b>87</b>	<b>501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	<b>87 a</b>	<b>N/A</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87 b</b>	<b>N/A</b>
<b>88 a</b>	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.	<b>88 a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	<b>88 b</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>	<b>89 a</b>	
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> 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.	<b>89 b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>	<b>89 c</b>	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>	<b>89 d</b>	
<b>e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89 e</b>	<b>X</b>
<b>f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89 f</b>	<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89 g</b>	<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<b>90 b</b>	<b>4</b>
<b>91 a</b>	The books are in care of ▶ <u>LISA ADAMS</u> Telephone number ▶ <u>(513) 523-1778</u> Located at ▶ <u>5221 MORNING SUN ROAD, OXFORD, OH</u> ZIP + 4 ▶ <u>45056</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	<b>91 b</b>	<b>X</b>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

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

**Part VII Analysis of Income-Producing Activities** (See 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					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,392.	
96 Dividends & interest from securities			14	166,319.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property			16	5,186.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	191,820.	
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))				365,717.	
105 Total (add line 104, columns (B), (D), and (E))					365,717.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
	N/A

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

N/A

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A  
Yes No

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes No

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

Yes No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *CHader* Date: *May 13, 2008*

Type or print name and title: *Carl Steven Hartman, CEO*

**Paid Preparer's Use Only**

Preparer's signature: *Brian T. Hardy* Date: *5/12/08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *Medwig & Co.*  
*401 Wood Street, Suite 1000*  
*Pittsburgh PA 15222* Preparer's SSN or PTIN (See General Instruction W): \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no: *(412) 562-9061*

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

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

**2006**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

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 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	None			

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>ADEX, INC.</b>		
<b>CINCINNATI, OH 45215-1136</b>	<b>DESIGN</b>	<b>60,655.</b>
<b>VIOX SERVICES, INC.</b>		
<b>CINCINNATI, OH 45215</b>	<b>GENERAL CONTRACTOR</b>	<b>69,250.</b>
Total number of other contractors receiving over \$50,000 for other services	None	

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> 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 <b>▶ \$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments) <b>See Line 3a Stmt</b>	<b>X</b>	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b> _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b> _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b> _____		<b>0</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <b>▶</b> _____		<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that 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)
- 11 a  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)
- 11 b  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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I  Type II  Type III-Functionally Integrated  Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**BAA**



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

		N/A	
		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 ) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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 instructions )  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

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

**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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 non-taxable 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 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



Name as Shown on Return  
**PHI KAPPA TAU FOUNDATION**

Employer Identification No  
**31-6024975**

**Compensation**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>SEE ATTACHED SCHEDULE</b>	<b>41,072.</b>	<b>0.</b>	<b>41,072.</b>	<b>0.</b>
Total Compensation Received	<b>41,072.</b>	<b>0.</b>	<b>41,072.</b>	<b>0.</b>

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>SEE ATTACHED SCHEDULE</b>	<b>3,264.</b>	<b>0.</b>	<b>3,264.</b>	<b>0.</b>
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	<b>3,264.</b>	<b>0.</b>	<b>3,264.</b>	<b>0.</b>

**Expense Account and Other Allowances**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ▶	<b>44,336.</b>	<b>0.</b>	<b>44,336.</b>	<b>0.</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>MEALS</b>	<b>3,573.</b>	<b>1,273.</b>	<b>714.</b>	<b>1,586.</b>
<b>EDUCATIONAL EXPENSES</b>	<b>135,381.</b>	<b>135,381.</b>	<b>0.</b>	<b>0.</b>
<b>Total</b>	<b>138,954.</b>	<b>136,654.</b>	<b>714.</b>	<b>1,586.</b>

Form 990, Page 4, Part IV, Line 54a

**Investments - Publicly-Traded Securities Statement**

Line 54a – Investments - Publicly-Traded Securities:	Beginning of Year	End of Year
<b>EQUITY MUTUAL FUNDS</b>	<b>2,665,964.</b>	<b>3,011,459.</b>
<b>FIXED INCOME MUTUAL FUNDS</b>	<b>746,934.</b>	<b>745,078.</b>
<b>CERTIFICATE OF DEPOSIT</b>	<b>0.</b>	<b>51,274.</b>
<b>Total</b>	<b>3,412,898.</b>	<b>3,807,811.</b>

Form 990, Page 4, Part IV, Line 56

**Investments - Other Statement**

Line 56 – Investments - Other:	Beginning of Year	End of Year
<b>CASH SURRENDOR VALUE OF LIFE INSURANCE</b>	<b>46,324.</b>	<b>54,469.</b>
<b>BENEFICIAL INTEREST IN PREPETUAL TRUST</b>	<b>4,434,207.</b>	<b>4,873,797.</b>
<b>LONG-TERM INVESTMENTS HELD IN TRUST</b>		<b>75,743.</b>
<b>Total</b>	<b>4,480,531.</b>	<b>5,004,009.</b>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
<b>LAND</b>	<b>175,000.</b>		<b>175,000.</b>
<b>BUILDING</b>	<b>1,398,435.</b>		<b>1,398,435.</b>
<b>OFFICE EQUIPMENT &amp; FURNITURE</b>	<b>284,090.</b>		<b>284,090.</b>
<b>ACCUMULATED DEPRECIATION</b>		<b>489,304.</b>	<b>-489,304.</b>
<b>Total</b>	<b>1,857,525.</b>	<b>489,304.</b>	<b>1,368,221.</b>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
<b>LIFE INSURANCE PROCEEDS RECEIVABLE</b>	50,130.	
Total	<u>50,130.</u>	

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
<b>DUE TO PHI KAPPA TAU FRATERNITY, INC.</b>	82,421.	135,668.
<b>HELD IN TRUST FOR OTHERS</b>		64,382.
Total	<u>82,421.</u>	<u>200,050.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part III Line 3a  
 Explanation of: How We Determine Which Recipients Qualify to Receive Payments

THE FOUNDATION PROVIDES SCHOLARSHIPS AND FELLOWSHIPS TO MEMBERS, WHO  
 MUST SUBMIT AN APPLICATION TO BE CONSIDERED. A COMMITTEE REVIEWS THE APPLICATION  
 AND SELECTS THE SCHOLARSHIP AND FELLOWSHIP RECIPIENTS.

## Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
PRIOR YEAR AUDIT ADJUSTMENT	9,578.
UNREALIZED GAIN ON INVESTMENTS	949,878.
CHANGE IN CSV OF LIFE INSURANCE	10,368.
Total	<u>969,824.</u>

## Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
REIMBURSEMENT OF OPERATING EXPENSES	17,036.
CHANGE IN CSV OF LIFE INSURANCE	10,368.
EXPENSES RELATED TO RENTAL INCOME	7,628.
Total	<u>35,032.</u>

## Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
EXPENSES RELATED TO RENTAL INCOME	7,628.
REIMBURSEMENT OF OPERATING EXPENSES	16,522.
Total	<u>24,150.</u>

Phi Kappa Tau Foundation, Inc.  
Grants and Scholarships  
July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MATTHEW J. BURGESS 1024 WESTGATE PL. LOUISVILLE, KY 40207	NONE		SCHOLARSHIP	2,250
CHRISTOPHER D. BURTON 2558 NORTHWEST BLVD. COLUMBUS, OHIO 43221	NONE		SCHOLARSHIP	2,250
SCOTT C. LAYDEN 18298 RTE 286 HWY E MARION CENTER, PA 15759	NONE		SCHOLARSHIP	2,250
JOEL F. MURRAY 11302 SKAGIT DR. SE OLYMPIA, WA 98501	NONE		SCHOLARSHIP	2,250
CHRISTOPHER C. PALO 268 WEST MAIN ST. APT 1 CORTLAND, OHIO 44410	NONE		SCHOLARSHIP	2,250
JAMES B. ANGEL 1415 OLD LEBANON RD. CAMPBELLSVILLE, KY 42718	NONE		SCHOLARSHIP	1,000
STEPHEN T. CALENDAR 19 E. THYMEWOOD PLACE THE WOODLANDS, TX 77382	NONE		SCHOLARSHIP	1,000
MICHAEL J. CERULO 24 HOLLYWOOD DR. WOODBRIIDGE, NJ 07095	NONE		SCHOLARSHIP	1,000
JUSTIN R. FIKE 857 LEXINGTON DR. HERMITAGE, PA 16148	NONE		SCHOLARSHIP	1,000
RYLAN A. MACCAY 48744 SE MOUNT SI RD. NORTH BEND, WA 98045	NONE		SCHOLARSHIP	1,000

**Phi Kappa Tau Foundation, Inc.**  
**Grants and Scholarships**  
 July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT FOUNDATION	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ANDREW L. RIESENBERG 57 ELM STREET CAMBRIDGE, MA 02139	NONE	SCHOLARSHIP	1,000
JONATHAN B. ROLLING 5380 E. PLACITA DEL MESQUITE TUCSON, AZ 85712	NONE	SCHOLARSHIP	1,000
JASON A. SLEPICKA 16691 INNSBROOK DR. LAKEVILLE, MN 55044	NONE	SCHOLARSHIP	1,000
BRYAN P. WAGE 2545 N. CUNNINGHAM CT. ORANGE, CA 92867	NONE	SCHOLARSHIP	1,000
GRANT M. JOHNSON 3107 DIADEM DR. LINCOLN, NE 68516	NONE	SCHOLARSHIP	1,000
ROSS J. BERGT 335 S. 124TH CIRCLE OMAHA, NE 68154	NONE	SCHOLARSHIP	1,000
TYLER J. DALL 517 E. DOUGLAS APT. 233 WICHITA, KS 67202	NONE	SCHOLARSHIP	1,000
ASSOCIATION OF HOLE IN THE WALL CAMPS ONE CENTURY TOWER 265 CHURCH ST, SUITE 503 NEW HAVEN, CT 06510	NONE	SCHOLARSHIP	125,000

Phi Kappa Tau Foundation, Inc.  
Grants and Scholarships  
July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOLE IN THE WALL STIPEND RECIPIENTS				9,974
JEREMY R. HUSS 7650 W. 87TH ST. MINNEAPOLIS, MN 55438		NONE	SCHOLARSHIP	
ERIC D. HUIE 105 MANNA DRIVE APT. #6 RICHMOND, KY 40475		NONE	SCHOLARSHIP	
JEFFREY T. SIMONEK 2441 W. 165TH ST. TORRANCE, CA 90504		NONE	SCHOLARSHIP	
RYAN A.KEMP 107 REBECCA CT. PITTSBURGH, PA 15237		NONE	SCHOLARSHIP	
JUSTIN W. HEMENWAY 10 SETTLERS FARM RD. MONROE, CT 06468		NONE	SCHOLARSHIP	
BRIAN P. O'NEILL 716 DALEWOOD CT. SAN JOSE, CA 95120		NONE	SCHOLARSHIP	
WILLIAM LEE 11201 LAKE BREEZE DR. NORTH POTOMAC, MD 20878		NONE	SCHOLARSHIP	
GRAHAM J. DEIMAN 765 LASSO LANE EAGAN, MN 55123		NONE	SCHOLARSHIP	
NICK S. BIRD 4107 FITZGERALD CT. ERLANGER, KY 41018		NONE	SCHOLARSHIP	
JOHN T. OXFORD 222 MEADOW SPRINGS PINE MOUNTAIN, GA 31822		NONE	SCHOLARSHIP	

Phi Kappa Tau Foundation, Inc.  
Grants and Scholarships  
July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DAN SCHIFF 7 EARLWOOD DR. WHITE PLAINS, NY 10606			
CODY J. TYLER 107 SHANAHAN DR. BUTLER, PA 16001			
JOSHUA POTTER 4777 FIREBROOK BLVD. LEXINGTON, KY 40513			
KEITH M. SHEA 18590 CLEARLY RD. NW ANOKA, MN 55303			
TREVOR A. HUSTED 18067 92ND AVE NE BOTHELL, WA 98011			
JORDAN D. PAINTER 1886 ST RT 849 W HICKORY, KY 42051			
DAIEL LAVALLEE 910 WESTMORELAND AVE. PORTSMOUTH, VA 23707			
SHAWN NELSON 379 5TH AVE S. ST. CLOUD, MN 56301			
CHRIS CURINGTON 642 W. LAFAYETTE TALLAHASSEE, FL 32304			
TRAVIS PINNIX 5130 PANORAMA DR. HUNTSVILLE, AL 35801			

Phi Kappa Tau Foundation, Inc.  
Grants and Scholarships  
July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KYLE BROTHERS 7105 BAY COVE TRAIL NASHVILLE, TN 37221				
JOSHUA P. BUCHANAN 6333 SOUTH 91ST ST TULSA, OK 74133				
MICHAEL LUMMUS 913 CATLOW CT. BRENTWOOD, YN 37027				
WILLIAM JARED BLACK 2692 FOREST MEADOW LANE LAWRENCEVILLE, GA 30043				
ERNEST P. FONTES 1900 BELMONT BLVD. NASHVILLE, TN 37212				
DAVID LETTS 12 ABBOTT RD. DOVER, MA 02030				
JOSHUA ENGLAND 405 SOUTH DOGWOOD DR. BEREA, KY 40403				
DUSTIN DEVINCENTIS 430 FLEETER CT. KENT, OHIO 44240				
BRIAN FILIPPINI 115 E. VINE OXFORD, OHIO 45056				
JACK W. WHEELER 5486 THORNEY DR. HILLIARD, OHIO 43026				
KYLE SLAGLEY				

**Phi Kappa Tau Foundation, Inc.  
Grants and Scholarships**  
July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
1801 CHERRY LANE FINDLAY, OHIO 45840	FOUNDATION		
ERIC LOMMEL 17540 COUNTY RD. #50 BIG LAKE BIG LAKE, MN 55309			
ROBERT MARTIN 695 WINNIE ST. APT. 312 LEXINGTON, KY 40508			
NELSON RODRIGUEZ 2226 JOHN MOORE RD. BRANDON, FL 33511			
MILES YOUNG 713 CR 2110 DAINGERFIELD, TX 75638			
MATTHEW J. REYNOLDS 8040 STEVENS MILL ROAD MATTHEWS, NC 28104			
DANIEL J. FABER 1262 RED OAK PLANTATION DRIVE BALLWIN, MO 63021			
CLINTON A COBB 1120 LOVELACEVILLE FLORENCE ST. PUDUCAH, KY 42001			

**Phi Kappa Tau Foundation, Inc.**  
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 July 2006 through June 2007

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION	STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NORTH AMERICAN INTERFRATERNITY FOUNDATION 1750 ROYALTON DRIVE CARMEL, IN 46032	NONE		SCHOLARSHIP	1,000
PHI KAPPA TAU - DELTA NU OFF. OF GREEK AFFAIRS, 019 STU UNION 3640 COLONEL GLEN HIGHWAY DAYTON, OH 45435	NONE		SCHOLARSHIP	200
CHRISTOS IFANTIDES 2134 NORTH WEST 15TH AVENUE GAINSVILLE, FL 32605	NONE		SCHOLARSHIP	75
PHI KAPPA TAU FRATERNITY 5221 MORNING SUN ROAD OXFORD, OH 45056	AFFILIATED - EXEMPT ORGANIZATION		EDUCATIONAL GRANTS	170,000
MIAMI UNIVERSITY 501 EAST HIGH STREET OXFORD, OH 45056	NONE		RONVATION OF MEMORIAL	13,759
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TOTAL CONTRIBUTIONS PAID				343,258
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FORM 990, PAR 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. 5221 MORNING SUN ROAD OXFORD, OH 45056	CHAIRMAN 10	NONE	NONE	NONE
DAVID A. RUCKMAN 5221 MORNING SUN ROAD OXFORD, OH 45056	CHAIRMAN 10	NONE	NONE	NONE
GREGORY D. HOLLEN 5221 MORNING SUN ROAD OXFORD, OH 45056	VICE CHAIRMAN 5	NONE	NONE	NONE
GREGORY M. HEILMEIER 5221 MORNING SUN ROAD OXFORD, OH 45056	SECRETARY 5	NONE	NONE	NONE
WILLIAM G. BRAUND CPA 5221 MORNING SUN ROAD OXFORD, OH 45056	TREASURER 10	NONE	NONE	NONE
C. STEVEN HARTMAN 5221 MORNING SUN ROAD OXFORD, OH 45056	CHIEF EXECUTIVE OFFICER 20	41072	3264	NONE
CHARLES T BALL 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
WILLIAM CLARY MACAK 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
ROSS E ROEDER 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE

PHI KAPPA TAU FOUNDATION

31-6024975

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JIM K HEILMEIER 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
NORMAN W BROWN 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
DAVID W LAWRENCE 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
DONALD JAMES PHILLIPS, II 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
SCOTT G STEWART 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
DR. RODNEY E. WILMOTH 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
JOEL S RUDY 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE

PHI KAPPA TAU FOUNDATION

31-6024975

FORM 990, PAR 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
TIMOTHY F. SMITH 5221 MORNING SUN ROAD OXFORD, OH 45056	TRUSTEE 5	NONE	NONE	NONE
GRAND TOTALS		41072	3264	NONE