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Form **990-EZ**

2011

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Description of the properties of the propertie	Α .			nlendar year, or tax year beginning MARCH 1	, 2071, ar	a enaing AUGUS	_		, 2012
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Check I if the organization is not a section 509(a)(3) supporting organization or a section 527 organizational its gross receipts are normally not more than \$50,000. A Form 990-EEZ or Fo	١.				2047(a)(1)	 aan o	990-E	Z, or 99	90-PF)
normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$\frac{2}{2}\$ 28,747. Part II Revenue, Expenses, and Changes in Nex Assets or Frund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to any question in this Part I. Check if the organization used Schedule O to any question in this Part I. Check if the organization used Schedule O to any question in this Part I. Check if the organization used Schedule O to any question in this Part I. Check if the organization used Schedule O to a season of the instructions of the schedule O to a season of the instructions of the schedule O to a season of the instructions of the schedule O to a season of the instructions of the schedule O to a schedule Co to a schedule O to a sched	<u>J</u>			<u>, , , , , , , , , , , , , , , , , , , </u>			, - o t . o .	من امم	
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14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other lexpenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 14 1,500. 15	≥		Salanes,	other compensation and employee benefits					1.40
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15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 12,609.	151							-	1,500.
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 12,609.	S	17						 	
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figure reported on prior year's retuin) 7	Ų,	19	Net asset	s or fund balances at beginning of year (from line)	27, column (A)) (mu	st agree with end-of	f-year		
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 20 12,609.	ES		figure rep	orted on prior year's return)	, (J : :	,	19	5,773.
21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 12,609.	Ţ	20	Other cha	nges in net assets or fund balances (explain in Sc	hedule O)			20	
		21	Net asset	s or fund balances at end of year Combine lines 1	8 through 20		•	21	12,609.

1 'al	Check if the organization used Sche		estion in this Part II			
	Check if the organization asea out	saure of to respond to dry qu	CONTACT OF THE	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			5,773		
	Land and buildings		-		. 23	
	· ·		-	0		
24	Other assets (describe in Schedule O) Total assets		-			
			-	5,773	_	
	Total liabilities (describe in Schedule O)			0		
	Net assets or fund balances (line 27 of			5,773	. 27	12,609.
Par	till Statement of Program Serv				10	Expenses
	Check if the organization used Sc	hedule O to respond to any	question in this Part	III	5016	juired for section c)(3) and 501(c)(4)
What i	s the organization's primary exempt purpose? CO tribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	LLEGE FRATERNITY	its three largest proc	ram corvinae ac	orga	nizations and section
meas	sured by expenses. In a clear and concisi	e manner, describe the servi	ces provided, the nu	mber of persons	4947	'(a)(1) trusts, optional
	fited, and other relevant information for e	each program title	· · · · · · · · · · · · · · · · · · ·	·	tor o	thers)
28						
			 .		•	
	(Grants \$) If th	is amount includes foreign g	rants, check here	>	28 a	
29			-			
		 				
			·			
	(Grants \$) If th	ıs amount includes foreign g	rants check here		29 a	
30	(Grants 4) It th	a mount includes foreign g	rants, encon here			
50			. – – – – – – .			
			. – – – – – – – – –			
		is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	,		. \Box		
	<u> </u>	is amount includes foreign g	rants, check here	<u> </u>	31 a	
	Total program service expenses (add lir		_	<u> </u>	32	<u></u> _
Par	tilV List of Officers, Directors,				(see th	ne instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any	·			,
		(b) Title and average hours per week	(c) Reportable compensat (Form W-2/1099 MISC)	ion (d) Health benefi		(e) Estimated amount of other compensation
	(a) Name and address	devoted to position	(If not paid, enter -0-)	contributions to emp benefit plans, ar		other compensation
				deferred compensa		
CHA	RLES OLIVER AARON					
TRO	Y UNIVERSITY	ADVISOR				
TRO	AL 36082	2.00		0.	0.	0.
COD	Y FERRELL			-		
	FRATERNITY CIRCLE	PRESIDENT				
TRO	·	10.00		0.	0.	o.
	NETT SMITH			•	<u> </u>	
		TREASURER				
TRO				0.	Ο.	0.
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Par	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			\Box
	<u> </u>		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37 b	, .4.55	<u></u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe er were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	لتحت	X
b	off 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.	· · · · · · · · · · · · · · · · · · ·		
а	Initiation fees and capital contributions included on line 9 39a 22,000.			٠. ،
	Gross receipts, included on line 9, for public use of club facilities 39b 0.	1-11-54	<u> </u>	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ► , section 4912 ► , section 4955 ►	3.	34	٠.
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		1.20.1	
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь	, ,	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	74 J	راز د در درون	40 40 41
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed •	40 e	<u> </u>	X
	The organization's books are in care of CLIVER AARON Located at TROY UNIVERSITY 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)?	670 	-373 Yes	No X
	If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	ı	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	المساطعت	12

Form '990-	EZ (2011) FARM HOUSE FRATERN	ITY INC.		63-110	00083	Page 4
46 Did t	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campai e Schedule C, Part I	gn activities on behalf c	of or in opposition to	46	es No X
	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the second seco	s and section 4947 ction 4947(a)(1) not	(a)(1) nonexempt on nexempt charitable	haritable trusts on	ly. All sections r questions	on
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			\Box
47 Did t	the organization engage in lobbying activi plete Schedule C, Part II	ties or have a section 5	501(h) election in effect	during the tax year? If		es No
49 a Did t	e organization a school as described in se he organization make any transfers to an	exempt non-charitable	•	dule E	48 49 a	
	es,' was the related organization a section	·			49b	
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated 6 00,000 of compensation	employees (other than c from the organization	officers, directors, truste If there is none, enter '	es and key None '	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other comper	
					•	
51 Com	I number of other employees paid over \$1 plete this table for the organization's five pensation from the organization. If there is	highest compensated is none, enter 'None'	r 		-	
(a) l	Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Compens	ation
		·		-		
52 Did ti	number of other independent contractors he organization complete Schedule A?No	te: All section 501(c)(3)		7(a)(1) nonexempt		
	table trusts must attach a completed Sch		ules and statements, and to the	best of my knowledge and beli	► Yes	No
true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	r) is based on all information o	f which preparer has any knowle	edge		
Sign Here	Signature of officer C. Oliver Aaron A	dvisor		Date		
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	Check If P	ΓIN	
Paid Preparer	Jerry F Shirley, III Firms name ► J.F. Shirley, I	now CPA	12/18/1	2 self-employed P	00227666	
Use Only	Firm's address > 1223 South Brun	didge Street			63-122989	
May the IR	Troy S discuss this return with the preparer sh	nown above? See instru	AL 36081	Phone no (33	4) 566-93 ► Yes Form 990-E	No
					CONTRACTOR	- (2011)

TEEA0812 02/14/12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 63-1100083 FARM HOUSE FRATERNITY INC

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
SUPPLIES	1,340.
MISCELLANEOUS	977.
EVENTS	6,290.
Total	8,607.

Supporting Statement of:

Form 990-EZ/Line 11

611.
2,870.
1,260.
60.