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Form **990-EZ**

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 requirement

OMB No. 1545-1150



Open to Public Inspection

| 7 d2 | | | | | | | | |
|------------|----------------------|-----------------|---|--------------|--------------------|----------------------------------|--|--|
| A F | | 29451 calenda | | , 20 | | | | |
| | Check if ap | | nployer identification number | | | | | |
| | Address c | hange | 3 | 7:6060533 | | | | |
| | Name cha | inge | Number and street (or P O box, if mail is not delivered to street address) Room/suit | e E Tele | E Telephone number | | | |
| _ | Indual retua | | 1308 W Fredonia Avenue | | (309) 672-5851 | | | |
| = | Terminate Amended | | City or town, state or country, and ZIP + 4 | F Gro | F Group Exemption | | | |
| = | | n pending | Peoria IL, 61606-1763 | | Number ► | | | |
| G / | Account | ing Method: | | H Check | ▶ 🕖 | f the organization is not | | |
| 1.1 | N ebsit | te:▶ www | .buox.org | | | ach Schedule B | | |
| JΤ | ax-exen | npt status (che | eck only one) — ☐ 501(c)(3) 📝 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 | | | 0-EZ, or 990-PF). | | |
| | Check ▶ | | e organization is not a section 509(a)(3) supporting organization or a section 527 organi | zation and | rts aros | s receipts are normally | | |
| r | not more | | O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) | | • | , | | |
| t | he orga | inization choo | oses to file a return, be sure to file a complete return. | - | | • | | |
| LA | dd lines | 5b, 6c, and 7 | b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as | sets (Part I | ١. | | | |
| in | ne 25, c | olumn (B) belo | ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ▶ \$ | 122600 | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (see | he instru | ctions | for Part I.) | | |
| | | Check If | the organization used Schedule O to respond to any question in this Pa | rtI | | 🗆 | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts received | | 1 | | | |
| | 2 | Program s | ervice revenue including government fees and contracts | | 2 | | | |
| | 3 | Membersh | up dues and assessments | | 3 | 122600 | | |
| | 4 | Investment | tincome | | 4 | | | |
| | 5a | Gross amo | ount from sale of assets other than inventory 5a | | | | | |
| | ь | Less: cost | or other basis and sales expenses | | 1 | | | |
| | C | Gain or (los | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) . | | ີ 5c ໄ | | | |
| | 6 | Gaming ar | nd fundraising events | | | | | |
| 9 | а | . | ome from gaming (attach Schedule G if greater than | | | | | |
| Revenue | Ь | Gross inco | ome from fundraising events (not including \$ of contribu | tions | 1 1 | | | |
| | | | aising events reported on line 1) (attach Schedule G if the | | 1 1 | | | |
| _ | } | | ch gross income and contributions exceeds \$15,000) 6b | | 1 | | | |
| | c | Less: direc | et expenses from gaming and fundraising events 6c | | 1 | | | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and | subtract | 1 | | | |
| | } | line 6c) | | | 6d | | | |
| | 7a | Gross sale | s of inventory, less returns and allowances | | | | | |
| | b | | of goods sold | | 1 1 | | | |
| | С | Gross prof | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | | | |
| | 8 | | nue (describe ın Schedule O) | | 8 | | | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ | 9 | 122600 | | |
| | 10 | Grants and | d similar amounts paid (list in Schedule O) | | 10 | | | |
| Expenses | 11 | | aid to or for members | | 11 | | | |
| | 12 | Salanes, o | ther compensation, and employee benefits | | 12 | | | |
| | 13 | Profession | al fees and other payments to independent contractors | | 13 | | | |
| | 14 | Occupanc | y, rent, utilities, and maintenance | 14 | 122171 | | | |
| | 15 | Printing, p | ublications, postage, and shipping | | 15 | | | |
| | 16 | Other expe | enses (describe in Schedule O) | | 16 | | | |
| | 17 | | enses. Add lines 10 through 16 | | 17 | 122171 | | |
| S | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | | 18 | 429 | | |
| set | 19 | | s or fund balances at beginning of year (from line 27, column (A)) (must a | | | | | |
| Net Assets | | end-of-yea | ar figure reported on prior year's return) | | 19 | 14085 | | |
| e e | 20 | Other char | nges in net assets or fund balances (explain in Schedule O) | | 20 | | | |
| Ž | 21 | | or fund balances at end of year. Combine lines 18 through 20 | | 21 | 14514 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2011)

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| Page | 2 |
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| Par | | | | | | | | _ |
| | Check if the organization used Schedule | O to respon | d to an | | | | <u> </u> | <u> </u> |
| | | | | | (A) Beginning | | | (B) End of year |
| 22 | Cash, savings, and investments | | | | | 14085 | | 14514 |
| 23 | Land and buildings | | | · · · | | | 23 | |
| 24 | Other assets (describe in Schedule O) | | | | | 4 4005 | 24 | 14514 |
| 25 | Total assets | | | | | 14085 | - | 14514 |
| 26 | Total liabilities (describe in Schedule 0) Net assets or fund balances (line 27 of column | (B) must car | | ino 21) | | 14085 | 26 27 | 14514 |
| 27 Pari | | | | | Part III \ | 14005 | 21 | 14314 |
| raii | Check if the organization used Schedule | | - | | • | г | | Expenses |
| \M/hat | t is the organization's primary exempt purpose? | O to respon | u to ai | ly question in this | i ait iii . | <u> </u> | | equired for section (c)(3) and 501(c)(4) |
| | | hananta fau a | | to these lovered o | | | org | anizations and section |
| | cribe the organization's program service accomplisheasured by expenses. In a clear and concise m | | | | | | | 47(a)(1) trusts, optional others) |
| | ons benefited, and other relevant information for ea | | | Services provides | , the ham | DO: 0. | 101 | others) |
| 28 | Rent, Room, General upkeep of fraternity house, pro | | | ectricity, phone, into | ernet, and | | | |
| | maintain livable conditions within the fraternity hous | e | | | | | | |
| | | | | | | | | |
| | (Grants \$) If this amount | includes fore | ıgn gra | nts, check here . | · · · | | 28 | а |
| 29 | Board-provide food for members living in the fratern | ity house | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | nts, check here . | | <u> </u> | 29 | a |
| 30 | Activities-Provide entertainment, social, sporting evo | ents, and gues | st speal | ers for fraternity me | mbers | | | |
| | | | | | | | | |
| | | | | | | · | | |
| 0.4 | | includes fore | ign gra | nts, check here . | · · · | <u>▶ </u> | 30 | <u>a</u> |
| 31 | Other program services (describe in Schedule O) | | | | | | | _ |
| 30 | (Grants \$) If this amount | includes foreign grants, check here through 31a) | | | | | 31 | |
| | Total program service expenses (add lines 28a t | brough 31a) | | | | | 20 |) 1 |
| | Total program service expenses (add lines 28a t | | | | nensated | . ► | 32 | |
| Par | Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key | Employees. | List eac | h one even if not con | | . ► (see the i | | |
| | Total program service expenses (add lines 28a t | Employees. O to respon | List eac | h one even if not con | Part IV | see the l | | |
| | Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key | Employees. O to respon (b) Title and a hours per w | List eac d to ar verage veek | h one even if not comy question in this (c) Reportable compensation | Part IV (d) Health | benefits, to employ | nstr | uctions for Part IV.) |
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| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," pro detailed description of each activity in Schedule O 34 Were any significant changes made to the organizaring or governing documents? If "Yes," attach a confice opy of the amended documents if they reflect a change to the organization's name. Otherwise, explactionage on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from bust activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) in reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 55 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net is during the year? If "Yes," complete Schedule L, Part III and enter the total amount involved with the organization file Form 1120-POL for this year? 36a Did the organization file Form 1120-POL for this year? 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee of any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 38b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess transaction during the year, or did it engage in an excess benefit transaction in a prior year that has no reported on any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. c Section 501(c)(3) and | vide a 33 ormed in the 34 siness 35a le O 35b notice, 35c | Yes | No |
|--|---|--------------|----------|
| detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a confectory of the amended documents if they reflice t a change to the organization's name. Otherwise, explicit change on Schedule O (see instructions) Jod the organization have unrelated business gross income of \$1,000 or more during the year from business of the state of the state of the version of the v | 33 33 34 34 34 35 35a 35a 35c 35c | res | 140 |
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| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | t been 40b | | 1 |
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| If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | Bank | | |
| | 42c | | |
| and and an entering the anti- | 43 | I | ▶ □ |
| | | Yes | No |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 mi completed instead of Form 990-EZ | 44a | | 1 |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 m completed instead of Form 990-EZ | | | ✓ |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," prov | | | _ |
| explanation in Schedule O | II | <u> </u> | 1 |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 512(b)(13)? 512(| · · 44d | | |
| meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed inst Form 990-EZ (see instructions) | 44d 45a | | |

| | | | | | | | | res | NO |
|--------------|--|--|--|---|-----------------------|--|-------------------------|--|------------|
| 46 | | ne organization engage, directly or in | | | | | | | , |
| | | indidates for public office? If "Yes," | | | | | · 46 | 1 | |
| Part | _ | Section 501(c)(3) organizations 501(c)(3) organizations and sections and 52, and complete the tables | on 4947(a)(1) nonex | empt charitable | | | | | b |
| | | Check if the organization used Sch | | | n this Part | VI | <u></u> | <u>. </u> | <u>. D</u> |
| | | | | | | | | Yes | No |
| 47 | year? | ne organization engage in lobbying If "Yes," complete Schedule C, Pan | t II | | | | 47 | | 1 |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | <u> </u> | √ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | | 1 |
| 50 | | s, was the related organization a se plete this table for the organization's | | | - | | | es ar | l v |
| 00 | | oyees) who each received more than | | | | | | | |
| | (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-MIS | contribu benefit p | Health benefits, utions to employee (e) Estimated olans, and deferred other componensation | | | |
| None | | | | | _ | - | | | |
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| | | | L | | | | L | | |
| f | | number of other employees paid ov | · · | | | - | | | |
| 51 | | olete this table for the organization ,000 of compensation from the orga | | | ent contrac | ctors who each | 1 received | more | e than |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| (a) | Name a | nd address of each independent contractor pa | id more than \$100,000 | (b) Type of s | service | (c |) Compensati | ion | |
| None | | | | | | | | | |
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| | | ····· | | | | | | | |
| | Takal | | | \$400,000 | | | | | |
| | | number of other independent contra ne organization complete Schedule A | | | . ► | 147(2)(1) | | | |
| 52 | | xempt chantable trusts must attach | | | , | | ► ☐ Yes | · 🕖 | No |
| Under p | | of perjury, I declare that I have examined this | | | ements, and | to the best of my ke | | | |
| true, co | rrect, ar | d complete Declaration of preparer (other than | officer) is based on all info | rmation of which prepar | rer has any kr | nowledge | | | |
| o: | | The fe | 1-15-13 | | | | | | |
| Sign Here | | | | | | | | | |
| nere | | Nicholas Starr Type or pnnt name and title | | | | | | | — |
| D-:: | | Print/Type preparer's name | Preparer's signature | | Date | | PTIN | | |
| Paid | 0.5 0 | у тако туро реория и пално | 1 | į | | | Check Lif self-employed | | |
| Prep Use⊸ | | Firm's name | _ | Firm's EIN ▶ | | | | | |
| _ | | Firm's address ▶ | | | | Phone no | | | |
| May ti | ne IRS | discuss this return with the prepare | r shown above? See | instructions | | | ► ☐ Yes | <u> </u> | No |

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