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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 Open to Public

Inspection

<u>A F</u>	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and e	ending (	<u>JUN 30, 2013</u>							
Вс	heck if	C Name of organization		D Employer identific	cation number						
۳ م		BELY WO HOOSE CORPORATION OF APPHY 5H1	I .								
Ļ	Addres	INTERNATIONAL FRATERNITY, INC.									
<u></u>	Name chang	Doing Business As		32-0	<u> 257409                                    </u>						
느	Initial return	· 1	Room/suite	· ·							
	Termir	(205	<u>)348-6079                                    </u>								
Ļ	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	<u> 1459727.</u>						
	Applic	105CALOUSA, AL 33403-1000		H(a) is this a group re							
	F Name and address of principal officer. SHANA SMITH for affiliates? Yes X No										
		P.O. BOX 42, PORT GAMBLE, WA 98364		H(b) Are all affiliates inc	luded? Yes No						
_		empt status: 501(c)(3)X 501(c)( 7 ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list (see instructions)						
		e: ► N/A	· · · · · · · · · · · · · · · · · · ·	H(c) Group exemption							
<u>K</u> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2008 N	State of legal domicile: AL						
Ра	rt I	Summary									
ĕ		Briefly describe the organization's mission or most significant activities. PROVI									
Activities & Governance		UNDERGRADUATE CHAPTER OF INTERNATIONAL CO									
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as							
30		Number of voting members of the governing body (Part VI, line 1a)		3	6						
æ		Number of independent voting members of the governing body (Part VI, line 1b)		4	0						
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	9						
ţi.		Total number of volunteers (estimate if necessary)		6	0						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	1000.						
Gio	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del> 1	7b	0.						
O I	_		ļ	Prior Year	Current Year						
(Revenue 05)		Contributions and grants (Part VIII, line 1h)	<u> </u>	37608.	120293.						
Ze l		Program service revenue (Part VIII, line 2g)	<u> </u>	1268213.	1333887.						
Té de		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	9501.	5482.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	65.						
NWL		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1315322.	1459727.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10368.	7978.						
0		Benefits paid to or for members (Part IX, column (A), line 4)	-	150100	156642						
Expelses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		152199.	156642.						
elk.		Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>  -	0.	0.						
		Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	500264	F70004						
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\	588364.	572994.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)-	.} ⊢	750931.	737614.						
- S	19	Revenue less expenses Subtract line 18 from line 12		564391.	722113.						
Net Assets or Fund Balances	00	Total assets (Part X, line 16)	B	eginning of Current Year	End of Year						
Sse		Total assets (Part X, line 16)	:   -	1904169.	2367520.						
und/	21	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 26DEN, UT	-	284987. 1619182.	26225. 2341295.						
	22 rt II	Signature Block	<del></del>	1019104.	4341493.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and states	nente, and to the heet of my	knowledge and helief it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowicuyc allu ucilci, it is						
1100,	001100	Control of the second and the second	non propare	i ilas ally kilowicage.							
Sigr		Signature of officer	-	Date/ /							
Her		LINDSAY WIGGINS TREASURER		n hu h:	2						
1161	-	Type or print name and title			<b></b>						
_		Print/Tyne preparer's name  Proparer's signature	Т	Date Check	PTIN						
Paid		JOHN MURDOCK DOWN OBCK	}	11/11/13 If self-employe	P00639065						
Ргер		Firm's name GREEK RESOURCE SERVICES, INC.	- , •	Firm's EIN	63-1044933						
Use		Firm's address PO BOX 1880	<del></del>	7 11111 0 2111							
-	-	TUSCALOOSA, AL 35403-1880		Phone no. (	205) 758-7754						
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						
	1 12-1		ns.		Form <b>990</b> (2012)						
		. , , , , , , , , , , , , , , , , , , ,			9-13						
				(							

232002 12-10-12

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		
£	during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		A
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ا ۔۔ ا	
	Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11-		х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		A
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	,	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ı
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_15	_	X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	(2012)

Form 990 (2012)

Pa	rt IV	Che	cklist	of Red	uired	Sche	þ	ules	(continued)
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			103	110
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
~0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		_	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			}
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	'	1
	instructions for applicable filing thresholds, conditions, and exceptions).			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in nor-cash contributions? If Tes, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	<del>9</del> 90 (	(2012)

	1950 (2012) INTERNATIONAL FRATERNITY, INC. 32-0257	409	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ŀ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	]
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	İ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	' I		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			l
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0 •			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		į	
	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l

Form **990** (2012)

14a

14b

X

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

Form 990 (2012)

Form 990 (2012) INTERNATIONAL FRATERNITY, INC. 32-0257409 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	}		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	l		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	6	X	
7a	•	ĺ		
	more members of the governing body?	7a	<u>X</u> _	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	<u>X</u> _	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<u> </u>	37
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI-
40-	Did the expensive hous local charters branches or offiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	I Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on. 🕨	·	
	GREEK RESOURCE SERVICES, INC (205)758-7754			
3500	2118 EIGHTH STREET, TUSCALOOSA, AL 35401			
3200	,	Form	990	(2012)

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization r	orga	anıza	ation	coi	mpei	nsat	ed any current officer, o	director, or trustee		
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	cer ar	ss pe	rson Irecto	ıs bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	į					Ė	the	organizations	compensation
	hours for	a e				8		organization	(W-2/1099-MISC)	from the
	related	ste o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru:	nal tr		loyee	E CO	ì			and related
	below	dividu	Institutional trustee	Officer	yem	Highest compensated employee	Former			organizations
(4) (2)	5.00	٥	=	5	2	포통	_ਵ_			
(1) SHANA SMITH	3.00	ĺ		х				0.	0.	0.
PRESIDENT	5.00			^	<del> </del>	$\vdash$				
(2) LINDSAY WIGGINS	3.00	1	1	x		]		0.	o.	0.
TREASURER (3) MARTHA MILLER	5.00			Λ	$\vdash$	<del> </del>				
SECRETARY	3:00	1		Х				0.	0.	0.
SECRETARI .			-			┢┈	-			
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232007 12-10-12

Part VII Section A. Officers, Directors, Trus (A)  Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	6	(F) Estimate amount other ompensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC		from the organizate and relate organizate	ie tion ted
		<u> </u>										
									<del></del>			
		<u> </u>					-					
		_								-		
							-			+	·	
Sub-total     Total from continuation sheets to Part VII     Total (add lines 1b and 1c)	l, Section A					<b>^ ^ ^</b>		0.	(	).		0. 0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	0,000 of reportable		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so		ıste	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual	•	4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," composition B. Independent Contractors					_		elate	ed organization or indivi	dual for services	5		X
Complete this table for your five highest cor the organization. Report compensation for t	-	-							•	nsatio	n from	
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	services	Com	(C) pensatio	n
										_		
Total number of independent contractors (in	nchiding but a	ot lir	mrter		tho	ee lie	ted	ahove) who recoved m	nore than			
\$100,000 of compensation from the organiz	<del>-</del>	J. III			(110	_			io.o tran	For	m <b>990</b> (	2012)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 36900 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) All other contributions, gifts, grants, and 83393 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 120293 h Total. Add lines 1a-1f Business Code 2 a MEALS SERVICE 900099 811907 811907 Program Service Revenue 506207. HOUSING 900099 506207. c NATIONAL FEES 900099 15773 15773 900099 f All other program service revenue 1333887 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1000. 4482. other similar amounts) 5482 Income from investment of tax-exempt bond proceeds 4 (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900009 65 11 a CONCESSIONS 65 d All other revenue 65 Total, Add lines 11a-11d

4482.

1000.

1459727.

232009 12-10-12

Total revenue. See instructions

1333952

INTERNATIONAL FRATERNITY, INC.

Form 990 (2012) Part IX Statement of Functional Expenses 32-0257409 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) (C) Management and Do not include amounts reported on lines 6b. Program service 7b. 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 7978 organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 131661 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13639. Other employee benefits Payroll taxes 11342. 10 Fees for services (non-employees) 20939. Management 446. Legal b 13110. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2638. 13 Office expenses Information technology 14 Royalties 15 140317 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 622 Conferences, conventions, and meetings 19 3400. Interest 20 Payments to affiliates 21 72472. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 238368 FOOD SERVICE SECURITY 39725. SUPPLIES & ACCESSORIES 14650. 9374 d OTHER 16933. e All other expenses 737614 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

<u>rai</u>	rt X	Balance Sheet			
	•	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	439041.	2	831412.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	}	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	16534.	9	13818
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1797801	.		
	ь	Less accumulated depreciation 10b 275511		10c	1522290
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1904169.	16	2367520
	17	Accounts payable and accrued expenses	9875.	17	16475.
	18	Grants payable		18	
	19	Deferred revenue	6750.	19	9750
	20	Tax-exempt bond liabilities		20	
,	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
֡֡֞֞֞֜֞֜֡֜֞֡֜֜֜֡֡֜֜֜֜֜֡֡֡֡֜֜֜֡֡֡֡֡֡֡֡֡֜֜֡֡֡֡֡		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	268362.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	284987.	26	26225.
		Organizations that follow SFAS 117 (ASC 958), check here and			
,		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	<del>-</del>
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	_ 0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
;	32	Retained earnings, endowment, accumulated income, or other funds	1619182.	32	2341295.
<u>,                                    </u>	33	Total net assets or fund balances	1619182.	33	2341295.
-		rotal not appets of fund paranets	T017107 •	_ 🕶	

Form **990** (2012)

BETA MU HOUSE CORPORATION OF ALPHA PHI

-orm	990 (2012) INTERNATIONAL FRATERNITY, INC.	32-025	7409	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	145	9727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	37614.
3	Revenue less expenses Subtract line 2 from line 1	3	72	22113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161	9182.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1		
	column (B))	10	234	1295.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>		<u>L_</u> _
				Yes No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	<b>990</b> (2012)

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

BETA MU HOUSE CORPORATION OF ALPHA PHI INTERNATIONAL FRATERNITY, INC.

Employer identification number 32-0257409

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	· · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Do.	conservation easements rt III   Organizations Maintaining Collections o	f Art Historiaal Treasures and	Ather Cimilar Assata
Pai			other Similar Assets.
	Complete if the organization answered "Yes" to Form		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext	·	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		A trade of the state of the sta
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pu	ablic service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the second of the second o	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	10 (MOC 908) relating to these items.	
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>*</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12:10-12

Schedule D (Form 990) 2012

BETA MU HOUSE CORPORATION OF ALPHA PHI Schedule D (Form 990) 2012 INTERNATIONAL FRATERNITY, INC. 32-0257409 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 'Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition а Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table **Amount** c Beginning balance 10 1d Additions during the year Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Y<u>es</u> by No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. (a) Cost or other Description of property (c) Accumulated (d) Book value (b) Cost or other basis (investment) basis (other) depreciation 1a Land 130428. 1254887. 1385315 **b** Buildings c Leasehold improvements

Schedule D (Form 990) 2012

102449.

164954.

1522290.

145083

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other

247532

164954

BETA MU HOUSE CORPORATION OF ALPHA PHI Schedule D (Form 990) 2012 INTERNATIONAL FRATERNITY. 32-0257409 Page 3 INC. Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (c) Method of valuation Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7) (8) (9)(10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2) (3) (4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4) (5) (6)(7)(8) (9) (10)

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

▶

Schedule D (Form 990) 2012

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	BETA MU HOUSE CORPORATION  (ulie D (Form 990) 2012 INTERNATIONAL FRATERNITY,	INC.	,		0257409 Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents V	Vith Revenue per	Retur	<u>n</u>
1 '	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			ŀ	
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	XII Reconciliation of Expenses per Audited Financial Stater	nents	With Expenses pe	r Retu	urn
1	Total expenses and losses per audited financial statements		-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d		7	
е	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b	-		
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		•	5	
	t XIII Supplemental Information				·
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part f				2b, Part V, line 4, Part
			<del></del>		

Schedule D (Form 990) 2012

**Employer identification number** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. OF ALPHA PHI INC. CORPORATION FRATERNITY General Information on Grants and Assistance BETA MU HOUSE INTERNATIONAL criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part N

% ⊠

☐ Yes

32-0257409

Open to Public

Inspection

OMB No 1545-0047

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government or go	\$5,000. Part II car (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA BOX 870101 TUSCALOOSA, AL 35487			7978	C			SET ASIDE COMPRIBITION
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government or s listed in the line	ganizations listed in the 1 table	e line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

# BETA MU HOUSE CORPORATION OF ALPHA PHI

INTERNATIONAL FRATERNITY, Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

Page 3

32-0257409

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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Schedule I (Form 990) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

BETA MU HOUSE CORPORATION OF ALPHA PHI INTERNATIONAL FRATERNITY INC.

Employer identification number 32-0257409

INTERNATIONAL FRATERNITI, INC. 52-0257409
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CONSISTS OF
MEMBERS WHO BELONG TO A INTERNATIONAL COLLEGIATE FRATERNITY.
FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER OF THE ORGANIZATION MAY
ELECT MEMBERS WHO WILL THEN SERVE OVER THE ORGANIZATION AS THE GOVERNING
BODY.
FORM 990, PART VI, SECTION A, LINE 7B: ANY DECISION THAT THE GOVERNING
BODY WANTS TO PUT INTO ACTION MUST MEET THE APPROVAL OF THE ENTIRE
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUCH COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE
OFFICERS REVIEW THE FORM 990 WHEN IT IS COMPLETED AND IF ANY PART OF THE
FORM IS IN QUESTION, THE EXECUTIVE OFFICERS CONTACT THE PREPARER TO ADDRESS
THOSE QUESTIONS. SHOULD ANY CHANGES NEED TO BE MADE ON THE FORM, THOSE
CHANGES ARE PROMPTLY MADE AND THE FORM IS REPRINTED FOR THE EXECUTIVE
OFFICERS TO REVIEW. AFTER THE FROM IS REVIEWED AND APPROVED, THE EXECUTIVE
OFFICER SIGNS THE RETURN AND IT IS MAILED TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE
PUBLIC BETWEEN REGULAR BUSINESS HOURS UPON REQUEST TO THE PRESIDENT OR
TREASURER OF THE ORGANIZATION.

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Schedule O (Form 990 or 990-EZ) (2012)