

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury

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

OMB No 1545-1150

2012

Open to Public Inspection

Form 990-EZ (2012)

Intern	al Revenu	e Service I he organization may have to use a copy of this re	turn to satisfy state reporting	requireme	nts.					
Α	For the	2012 calendar year, or tax year beginning 08/01/12, and e	nding 07/31/13							
В	Check if a	pplicable C Name of organization	C Name of organization INTERFRATERNITY COUNCIL AT THE							
	Address c	hange INTERFRATERNITY COUNCIL AT T								
	Name change UNIVERSITY OF FLORIDA					59-6004621				
	Initial retur	Number and street (or P O box, if mail is not delivered to street address)								
	Terminate	P.O. BOX 13687								
	Amended				F Group Exe	mption				
	Application		604		Number	>				
		ting Method		H Chec	ck 🕨 🔀 if the	organization is not				
ı	Websit	e: ▶ WWW.UFIFC.ORG		requ	ired to attach S	chedule B				
		mpt status (check only one) — 501(c)(3) X 501(c)(7) ◀ (insert no)	4947(a)(1) or 527	·		n 990, 990-EZ, or 990-PF)				
	Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are 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									
		anization chooses to file a return, be sure to file a complete return								
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,0	00 or more, or if total assets (Pa	art II,		100 706				
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Found Delement / confi		<u>▶ \$</u>	100,786				
	art I	Revenue, Expenses, and Changes in Net Assets or	•	ne instruct	tions for Part	X				
	1	Check if the organization used Schedule O to respond to any Contributions, gifts, grants, and similar amounts received	question in this Part i			7,000				
	2	Program service revenue including government fees and contracts			2	7,000				
	3	Membership dues and assessments	See Stateme	nt.	3	93,785				
	4	Investment income	see stateme	-11 C	4	<u> </u>				
	5a	Gross amount from sale of assets other than inventory	5a							
	b	Less cost or other basis and sales expenses	5b							
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c					
	6	Gaming and fundraising events								
ē	а	Gross income from gaming (attach Schedule G if greater than								
圆格 Revenue		\$15,000)	6a							
2014, Reve	Ь	Gross income from fundraising events (not including \$	of contributions		_					
N		from fundraising events reported on line 1) (attach Schedule G if the								
€		sum of such gross income and contributions exceeds \$15,000)	6b							
=	С	Less direct expenses from gaming and fundraising events	6c							
S	d	Net income or (loss) from gaming and fundraising events (add lines 6a an	d 6b and subtract							
		line 6c)	1		6d					
OWNE ON THE	7a	Gross sales of inventory, less returns and allowances	7a							
Z	b	Less cost of goods sold	7b							
Z	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
SCA	8	Other revenue (describe in Schedule O)	DECENT	'n.	8					
<u>(1)</u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVE		9	100,786				
	10	Grants and similar amounts paid (list in Schedule O)		0\$0-\$&	10					
	11	Benefits paid to or for members	8 MAY 28 20	14 9	11					
es	12	Salaries, other compensation, and employee benefits		18	12	1 (26				
Expenses	13	Professional fees and other payments to independent contractors	OCOCAL	17	13	1,636				
χ̈́	14	Occupancy, rent, utilities, and maintenance	L GODEIN, C		14	840				
ш	15	Printing, publications, postage, and shipping			15	85,005				
	16 17	Other expenses (describe in Schedule O)			16	87,481				
	18	Total expenses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·		17	13,305				
ets	19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		'0					
\SS('3	end-of-year figure reported on prior year's return)	// (illust agree with		19	26,468				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20					
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20			▶ 21	39,773				

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
22			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	,,		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
•	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		x
35a				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ĺ
С	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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			l
	during the year? If "Yes," complete applicable parts of Schedule N	36	ļ	X
37a				
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			х
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
39	If "Yes," complete Schedule L, Part !I and enter the total amount involved Section 501(c)(7) organizations Enter	ŀ		
а	Initiation fees and capital contributions included on line 9			1
b		-(ŀ
40a	or and the second secon	†		
	section 4911 ▶, section 4912 ▶; section 4955 ▶	ŀ		1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	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	40b		
С	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,	ŀ		1
	4955, and 4958			†
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	l		1
4.4	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed ▶ None The organization's books are in care of ▶ OLIVER HART III Telephone no ▶ 352	-30	2-1	671
42a	The organization's books are in care of ▶ OLIVER HART III Telephone no ▶ 352 308 J WAYNE REITZ UNION		,	.0 / 1
		503		
b			Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country	1.22		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ł
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	X
	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			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	т
44-	Diddle accomples where the state of the stat		Yes	No
44a	5, , , , , , , , , ,	440		x
b	completed instead of Form 990-EZ	44a	+	
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	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	1	† <u></u>
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45b			T	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			ĺ
	Form 990-EZ (see instructions)	45b		<u> </u>

-orm	990;EZ	(2012)	INTERFRATER	COLL COLL	CIL AT THE		59-60	04621				P	age 4
46	Did th	ie organiz	ation engage, directly or in	directly, in political	campaign activities o	n behalf d	of or in opposition	n		ſ		Yes	No
			or public office? If "Yes," co				эт от шторроотно	••		Ĭ	46	-	x
Pa	rt VI	All s 50 a	etion 501(c)(3) organisection 501(c)(3) organismd 51	zations must an	•		·		ables for	lines			
		Cite	ck if the organization us	sed Schedule O	to respond to any o	question	in this Part VI						
47		the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							47	Yes	No		
48	Is the	organizat	tion a school as described	in section 170(b)(1)(A)(II)? If "Yes," com	plete Sch	edule E			Ì	48		
49a	Did th	ne organiz	ation make any transfers t	o an exempt non-c	haritable related orga						49a		
b		"Yes," was the related organization a section 527 organization?									49b		<u> </u>
50		omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key											
	emplo	oyees) wh	o each received more than	1 \$100,000 of com		,		e, enter "No	one "	····			
		(a)	(a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (d) Health benefits, contributions to employ benefit plans, and deferred compensation		other compensation								
													
		· · · · · · · · · · · · · · · · · · ·											
											• •		
f 51	Comp	plete this t	of other employees paid ov	five highest compe	ensated independent	contractor	rs who each rec	eived more	than	<u>I</u>			
			mpensation from the orgai			т			·				
	(a)	Name and	address of each independen	t contractor paid mo	re than \$100,000		(b) Typ	e of service		(c) C	ompe	nsation	<u> </u>
				_							•		
											_		
d	Total	number o	of other independent contra	actors each receivi	ng over \$100,000	•				·			
52			eation complete Schedule A		•	ons and 4	947(a)(1)			▶ □	Yes		No
Unde	r penal	ties of perji	ury, I declare that I have exar lete Declaration of preparer	nined this return, inc	luding accompanying so	hedules a	nd statements, ar preparer has an	nd to the bes	st of my kno	wledge and	belief,	it is	
		X	YX H-A	M			>	(05/23	3/14				
Sigr Her		_		III			TREASURE	ER_					
			pe or print name and title		Describe and the second		<u></u> .	- 1 -			To		
De!-		- riiiv i ype	preparer's name	,	Preparer's signature		400	Date	C	heck if	PTIN		
Paid	a Darer		1 Metzler	1 3/5-1-3-	" Chesar I'm		CBY	05/	,20/ _	elf-employed	P00	3523	75
-	Only	Firm's nar	0.000	W 41st	, CPA, PA St., Ste A				Firm's EIN				
	,	Firm's add		ville, FL	32606				Phone no	352-	374	-97	717
May	the IR	S discuss	this return with the prepar						Priorie no		X Y		No
				 									(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

OMB No 1545-0047

Name of the organization

INTERFRATERNITY COUNCIL AT THE UNIVERSITY OF FLORIDA

Employer Identification number 59-6004621

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses				
PUBLIC RELATIONS	\$	372		
Office Expenses	\$	84		
Supplies	\$	473		
Bank Charges & Admin. Exp	\$	1,858		
Technology	\$	125		
Travel	\$	1,621		
Meeting Expenses	\$	8,145		
Educational Programming	\$	7,320		
General Member Services	\$	5,904		
Leadership Expenses	\$	26,240		
Recruitment	\$	23,209		
Philanthropic Event Costs	\$	2,654		
Contribution of Event Inc	\$	7,000		
Тс	otal \$	85,005		

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Ве	g. of	Year	End	of Year
Accounts Receivable	\$		325	\$	45,288
	Total \$		325	\$	45,288

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description Beg. of Year End of Year

Page 2

INTERFRATERNITY COUNCIL AT THE 59-6004621

Deferred Revenue \$ 0 \$ 45,288

Form 990-EZ, Part III, Line 29 - Second Accomplishment

LEADERSHIP & EDUCATIONAL PROGRAMS: IFC PROVIDES EDUCATIONAL PROGRAMS FOR

FRATERNITY MEMEMBERS. SOME OF THE PROGRAMS PROVIDED RELATE TO DRUG USE,

ALCOHOL AWARENESS, HAZING, SAFETY AND TIME MANAGEMENT. IFC ALSO PROVIDES

LEADERSHIP TRAINING AND RETREATS FOR FRATERNITY OFFICERS.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment
MEMBER SERVICES: IN AN EFFORT TO ASSIST MEMBER FRATERNITIES IN STAYING IN
COMPLIANCE WITH UNIVERSITY POLICIES REGARDING FACILITY STANDARDS AND OTHER
MATTERS, IFC HELPS FRANTERNITIES OBTAIN THOSE SERVICES NECESSARY FOR DAY TO
DAY OPERATIONS.