Form **990**

Department of the Treasury

Internal Revenue Service

DLN: 93493013000539

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www IRS gov/form990

Open to Public Inspection

For the 2016 c	 alendar year, or tax year beginning 06-01-2016 , and ending 05-3	1-2017		
Check if applicable	C Name of organization Alpha Phi of Theta Chi House Corporation		D Employ	er identification number
□ Address change □ Name change			45-129	8367
☐ Initial return Final	Doing business as			
Deturn/terminated Amended return	Number and street (or P O box if mail is not delivered to street address) Room/su PO Box 1880	ıite		ne number
Amended return Application pending			(770) 9	98-6665
	Tuscaloosa, AL 35403		G Gross re	eceipts \$ 448,627
	F Name and address of principal officer	H(a) Is this		turn for
	Toby Roth 301 Macy Drive	1	dinates?	□Yes ☑No
Tax-exempt status	Roswell, GA 30076	includ	ed?	LI Yes LINO
Website: ▶	☐ 501(c)(3)	If "No H(c) Group		list (see instructions) i number >
				T
Form of organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion 1960	M State of legal domicile AL
Part I Sum	mary			
1 Briefly des	scribe the organization's mission or most significant activities ousing for Social fraternity			
2 Check th	odaning for docidi fracerinty			
2 Check th	is box $lacktriangle$ if the organization discontinued its operations or disposed of n	nore than 25%	of its net a	
	of voting members of the governing body (Part VI, line 1a)			3
	of independent voting members of the governing body (Part VI, line 1b)		•	4
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Form	990 (2016)					Page 2
Par	t IIII Statement	t of Program Service Acc	omplishments			
	Check if Scho	edule O contains a response or	note to any line in this Part III .			. 🗆
1	Briefly describe the	organization's mission				
Provi	de Housing for Under	graduate Chapter of National C	collegiate Fraternity			
	Did the organization	undertake anv significant pro	gram services during the year which v	were not listed on		
_	_	or 990-EZ?			□ Yes 🗸	No
		ese new services on Schedule				
3	Did the organization					
	services?				□Yes	✓ No
	If "Yes," describe th	ese changes on Schedule O				
4	Section 501(c)(3) ai		plishments for each of its three large required to report the amount of gra ervice reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	See Additional Data					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4d	Other program serv	rices (Describe in Schedule O)				
	(Expenses \$	including	grants of \$	(Revenue \$)	
4e	Total program ser	rvice expenses ▶				

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Yes

Page 3

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No

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Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

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

Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

to provide advice on the distribution or investment of amounts in such funds or accounts? 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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 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

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?

b 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 or more? If "Yes," complete Schedule F, Parts I and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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 II

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 22

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24a

24b

24c

24d

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25b

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Yes

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Page 4

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ď	Chack if Schodula O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	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		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
Ł	<u>Natural Management (1988) </u>			
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Form 990 (2016) Page 6							
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	throug dule O	h 7b below, and for a "No" See instructions	" respo	onse to li	nes	
	Check if Schedule O contains a response or note to any line in this Part VI $$.						
Se	ction A. Governing Body and Management				V	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		Yes	No_	
	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						
b	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 busin officer, director, trustee, or key employee?	ess rela	ationship with any other	2		No	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			3		No	
4	Did the organization make any significant changes to its governing documents since the		Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization	anızatıo	n's assets?	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the power	to elec	t or appoint one or more				
þ.	members of the governing body? Are any governance decisions of the organization reserved to for subject to approval by			7a _7b		No No	
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(A)

Name and Title

Part VII

(F)

Estimated

Compensation of Officers, Directors, Trustees,	, Key Employees,	, Highest Compensated Employees,
and Independent Contractors		

Check if Schedule O contains a response or note to any line 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

• 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, or 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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

than one box, unless person compensation hours per compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual trustee or director Highest compensat employee organizations MISC) MISC) related Institutional Trust⊬e below dotted organizations employee line) 5 00 (1) Toby Roth Х 0 0 President 5.00 2 00 (2) Curtis Finch Χ 0 Treasurer 2 00

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Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and Tıtle	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			on	(D) Reportable compensation from the organization (W- (E) Reportable compensatio from related organizations		v-	(F) Estima amount of compens from t	ted f other sation :he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
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сТ	Sub-Total Fotal from continuation sheets to Pa	•		• •			>						
d_T	Fotal (add lines 1b and 1c)						>						
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed al	bove	e) who	rece	eived more than \$10	00,000			
												Yes	No
3	Did the organization list any former			ee, k	ey e	mple	oyee, d	or his	ghest compensated	employee on			
	line 1a? If "Yes," complete Schedule 3			•	•	•		•		• •	3	1	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5	Did any person listed on line 1a receiv services rendered to the organization								-		5		No
Se	ection B. Independent Contract	ors											
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.												

5	services rendered to the organization? If "Yes," complete Schedule I for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensai	tion
	(A) Name and business address	(B) Description of services		(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶

		(2016)						Page 9
Part '	VII				. long on the Dock MT	, , , , , , , , , , , , , , , , , , ,		
		Check If Schedule O co	ntains a resp	oonse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
						function revenue	revenue	tax under sections 512-514
	1 a	Federated campaigns .	. 1a					
nts	ŀ	Membership dues	1b	Ī				
Gra noi		Fundraising events	1c	1				
(S. (A	(d Related organizations	1d	İ				
ia is		Government grants (contribut	ions) 1e	1				
ns.	f	All other contributions, gifts, g	grants,	İ				
ıtio er		and similar amounts not includable above	ded 1f					
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions inc	luded					
ont nd (
ع ت	h	Total.Add lines 1a-1f .						
H.				Business				
Ye.	2a	Rents			900099	448,627		
Program Service Revenue	b							
rvic	c							
ૐ	d e							
Jran		All other program service r	evenue					
Pro		Total.Add lines 2a-2f			448,627			
		Investment income (includir		interest, and other				
	s	ımılar amounts)		•				
		Income from investment of			-			
	51	Royalties	(ı) Real	(II) Personal	<u> </u>			
	6a	Gross rents	(i) iteal	(II) Tersorial				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)	1	4			
	_		Securities	(II) Other				
	7a	Gross amount		(.,,				
		from sales of assets other						
		than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
		Net gain or (loss)		•	1			
	8a	Gross income from fundrais						
Other Revenue		(not including \$ contributions reported on li	of ne 1c)					
ě.		See Part IV, line 18		•				
Ä		Less direct expenses . Net income or (loss) from f		vents				
the		Gross income from gaming		vents •				
Ó		See Part IV, line 19	•					
	.							
		Less direct expenses . Net income or (loss) from o		ities				
		•Gross sales of inventory, le						
		returns and allowances .		 a				
	b	Less cost of goods sold .		b				
		Net income or (loss) from s		ntory ►				
		Miscellaneous Reven		Business Code				
	11	a						
	b	1						
	c					1		+
	d	All other revenue		†				
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See Instru	ictions .		448 6.	27		
					448,6	-/1		<u> </u>

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	66,030			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19 Conferences, conventions, and meetings	0			
20 Interest	288,060			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	180,481			
23 Insurance	0			
24 Other expenses Itemize expenses not covered 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)				
a Insurance	33,924			
b				
С				
d				
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	568,495			
26 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)				

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Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

Intangible assets

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

	Beginning of year		End of year
1 Cash-non-interest-bearing	418,670	1	404,60
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
	54.046	_	54.04

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . . Inventories for sale or use . 8 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a 7,550,346 basis Complete Part VI of Schedule D 553.981 7.176.846 6.996.365 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 Investments—other securities See Part IV, line 11 . 12 12

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7.451.985

4,795,473

2,656,512

2,656,512

7.451.985

Form **990** (2016)

7,646,532

4,870,152

2,776,380

2,776,380

7.646.532

Tax-exempt bond liabilities . . . 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 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 4.870.152 4.795.473 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

orm	n 990 (2016)			Page 1 2	2
Pa	rt XI Reconcilliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆	_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		448,627	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		568,495	_
3	Revenue less expenses Subtract line 2 from line 1	3		-119,868	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,776,380)
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,656,512	2
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 O		Yes	S No	_
-					_
<i>'</i> —			Form 9	990 (201	6)

Additional Data

Software Version: 17.2.1.0 **EIN:** 45-1298367

Name: Alpha Phi of Theta Chi House Corporation

Software ID: 16000333

Form 990 (2016)

Form 990, Part III, Line 4a:

Provided Housing for Undergraduate Chapter of National Collegiate Social Fraternity

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

DLN: 93493013000539 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	na Phi of Theta Chi House Corporation			Employer identification	on number
				45-1298367	
Pa	rt I Organizations Maintaining Donor Complete if the organization answer			ds or Accounts.	
	,	(a) Donor advised	·	(b)Funds and other ac	counts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to				Yes 🗌 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			ny other purpose]Yes □ No
Pa	rt II Conservation Easements. Comple	ete if the organization a	nswered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check all t	hat apply)		
	\square Preservation of land for public use (e g , re	creation or education)	Preservation	of an historically important land	d area
	Protection of natural habitat		Preservation	of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservat	ion contribution in th	e form of a conservation Held at the End	l of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easemen			2b	
С	Number of conservation easements on a certified		` '	2c	
d	Number of conservation easements included in (o structure listed in the National Register				
3	Number of conservation easements modified, tratax year ▶	ansferred, released, exting	uished, or terminate	d by the organization during th	e
4	Number of states where property subject to cons	servation easement is loca	ted ▶		
5	Does the organization have a written policy rega and enforcement of the conservation easements		ing, inspection, hand	ling of violations,	□ No
6	Staff and volunteer hours devoted to monitoring •	, inspecting, handling of vi	olations, and enforci	ng conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violation	ons, and enforcing co	nservation easements during t	he year
8	Does each conservation easement reported on li	ne 2(d) above satisfy the r	equirements of secti	on 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(II)?			☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the texthe organization's accounting for conservation expressions.	t of the footnote to the org			
Pai	Organizations Maintaining Collec Complete if the organization answer			Other Similar Assets.	
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to i	neld for public exhibition, e	ducation, or research	n in furtherance of public servi	
b	If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items				
	i) Revenue included on Form 990, Part VIII, line 1	l		> \$	
(i)Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, following amounts required to be reported under				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			> \$	
For	Paperwork Reduction Act Notice, see the Inst	tructions for Form 990.	Cat	No 52283D Schedule D (Form 990) 2016

Par	t IIII	Organizations Ma	intaining Coll	ections of A	rt, Histor	ical T	reası	ires, or	Other	<u>Similar A</u>	ssets (continue	d)
3		the organization's acquiccheck all that apply)	iisition, accession	, and other rec	ords, check	any of	the fo	llowing tl	hat are a	significant	use of it	s collection	on
а		Public exhibition			d		Loan	or excha	inge prog	ırams			
b		Scholarly research			e		Othe	r					
С		Preservation for future	generations										
4	Provi Part :	de a description of the o XIII	organization's coll	ections and exp	plain how th	ney furt	her th	e organız	ation's ex	kempt purpo	ose in		
5		ig the year, did the organ is to be sold to raise fund								nılar	□ Ye	es 🗆	No
Pa	rt IV												
		Complete if the organization X, line 21.	janization answ	ered "Yes" or	n Form 99	0, Part	IV, li	ine 9, or	reporte	ed an amoi	unt on I	Form 99	00, Part
1a		e organization an agent, ded on Form 990, Part X		n or other inte	rmediary fo	r contr	ibution	s or othe	r assets	not	☐ Y €	es 🗆	No
b	If "Y€	es," explain the arranger	ment in Part XIII	and complete t	the followin	g table		Γ		-	mount		
c		nning balance		·				Ī	1c				
d	Addıt	ions during the year							1d				
е	Distri	butions during the year							1e				
f	Endır	ng balance							1f				
2a	Did tl	he organization include a	an amount on Foi	rm 990, Part X,	line 21, fo	escrov	v or cu	ıstodıal a	ccount lia	ability?		- V	No
b	If "Ye	es," explain the arrangen	ment in Part XIII	Check here if	the explana	tion ha	s been	provided	in Part)	XIII			
Pa	art V	Endowment Fund	ls. Complete ıf	the organizat	tion answe	red "Y	es" o	n Form 9	990, Par	t IV, line :	10.		
_	_			(a)Current ye	ar (b)	Prior yea	ar	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years back
	-	ing of year balance .					-						
		outions											
		estment earnings, gains					_						
		or scholarships					_						
	and pr	expenditures for facilities ograms	s										
		istrative expenses .											
g	End of	year balance											
2		de the estimated percen	-	nt year end ba	lance (line	Lg, colu	ımn (a)) held as	5				
а	Board	d designated or quasi-en	ndowment >										
b	Perm	anent endowment 🟲											
c	Temp	orarily restricted endow	ment ►										
		percentages on lines 2a,	•	•									
За		here endowment funds r nization by	not in the possess	sion of the orga	anization th	at are h	neld an	ıd admını:	stered fo	r the		Ye	es No
	_	nrelated organizations									3	a(i)	110
						· . · .						a(ii)	
b		es" on $3a(\pi)$, are the rela		s listed as requ	ııred on Sch	edule F	۲۶.	· · ·				3b	
4	Desci	ribe in Part XIII the inter	nded uses of the	organization's	endowment	funds							
Pa	rt VI	Land, Buildings, a	and Equipmen	ıt.									
		Complete If the org											
	Descri	iption of property	(a) Cost or oth (Investme		Cost or othe	r basıs (other)	(c)Accu	ımulated d	epreciation		(d)Book v	alue .
1a	Land												
b	Buildin	gs				7,5	50,346			553,981			6,996,365
С	Leaseh	old improvements											
		nent											
	Other	-											
		lines 1a through 1e <i>(Col</i>	lumn (d) must ed	ual Form 990,	Part X, colu	ımn (B), line	10(c)).		>			6,996,365

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12. (a) Description of security or category		anızatıon ansv	wered 'Yes' on	Form 990, Par	·
	(including name of security)	,,,	JBOOK Value	Cos	t or end-of-year	
(1)Financial (2)Closely-h (3)Other	derivatives					
(A) Financial	derivatives and other financial products					
	neld equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the state of th	he or	nanization an	swared 'Ves' o	n Form 990 P	art IV line 11c
rait VIII	See Form 990, Part X, line 13.					
	(a) Description of investment		(b) Book value		(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Columb	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	n Form 990 P	ort IV lung 11d	Soo Form OOO D	art V line 15
	(a) Description	163 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art IV, iiile IIu	See 1 01111 930, F	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization an	swer	ed 'Yes' on Fo	rm 990, Part	▶ [V. line 11e or	
	See Form 990, Part X, line 25. (a) Description of liability			look value		
(1) Federal ı			(6)	ook value		
Federal incor	me taxes					
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	or uncertain tax positions In Part X, col (B) line 25)	the fo	otnote to the o	rganization's fina	ancial statements	s that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 74					

Return Reference

Schedule D (Form 990) 2015

Schedule D (Fo	orm 990) 2015	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

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SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Fo Complete to provide information for responses Form 990 or 990-EZ or to provide any add Attach to Form 990 or 990 Information about Schedule O (Form 990 or 990- www.irs.gov/form990.	2016 Open to Public Inspection			
Name of the org Alpha Phi of Theta	Chi House Co	orporation Diemental Information	Employer ident 45-1298367	ification number		
Return Reference	Explanation					
Form 990, Part I, Line 18	Occupancy 66,000, Interest 288,000 Depreciation 180,481, Insurance 33,924					