Form 9	90-E2	7
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Return of Organization Exempt From Income Tax

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

2016

OMB No 1545 1150

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2016 calenda	r year, or tax year beginning 07-01, 20	16, and ending	-	06-30 ,2017	7		
	Check if ap					oloyer identification number			
	Address ch				•	16-0856557			
	Name char	nge	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number			
	Initial return	n			, i				
	Final return	n/terminated	760 Nevada Street	vada Street		25) 482-5240			
	Amended r	——————————————————————————————————————			F Group				
X	Application				Numbe	1			
G	Account	ing Method			H Check ▶	If the organiz	ation is not		
1	Website	:: >				attach Schedule			
J	Tax-exe	mpt status (c	theck only one) - ☐ 501(c)(3) 🛛 501(c)(7) ◀ (insert no) ☐ 494	7(a)(1) or 527	(Form 990,	990-EZ, or 990-F	PF)		
K	Form of	organization	☐ Corporation ☐ Trust ☒ Association ☐ C	Other			 		
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if to	tal assets	i i			
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	42,394		
P	art i	Revenu	e, Expenses, and Changes in Net Assets or Fund I	Balances (see	the instructio	n's for Part I)			
		Check if t	he organization used Schedule O to respond to any question	on in this Part I					
	1	Contributions	s, gifts, grants, and similar amounts received		,	1			
	2	Program ser	vice revenue including government fees and contracts			2			
	3	Membership	dues and assessments			3	42,394		
	4	Investment ii	ncome			4			
	5a	Gross amou	nt from sale of assets other than inventory	5a					
	b	Less cost or	other basis and sales expenses	5b		1			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5	5a)		5c			
<u>∞</u>	6	Gaming and	fundraising events						
20	a	Gross incom	e from gaming (attach Schedule G if greater than						
Ĵι		\$15,000)		6a					
∬F Revenue 2018	Ь	Gross incom	e from fundraising events (not including \$	of contribu	utions]			
æ		from fundrais	sing events reported on line 1) (attach Schedule G if the			<u> </u>			
품	İ	sum of such	gross income and contributions exceeds \$15,000)	_6b					
	1	Less direct	expenses from gaming and fundraising events	6c					
SCANNED	d	Net income of	ome or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract						
ź	:	line 6c)				6d			
Ă	7a	Gross sales	of inventory, less returns and allowances	7a					
30	b	Less cost of	goods sold	7b					
99	´	Gross profit	profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8	Other revenu	r revenue (describe in Schedule O)						
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c 6d, 7c, and 8		>	9	42,394		
Expenses	10	Grants and s	imilar amounts paid (list in Schedule O)			10			
	11	Benefits paid	to or for members			11	47,553		
	12	Salaries, oth	er compensation, and employee benefits			12			
	13	Professional	all fees and other payments to independent contractors			13			
ğ	14		v. rent, utilities, and maintenance			14			
û	15	Printing, pub	ry, rent, utilities, and maintenance ublications, postage, and shipping enses (describe in Schedule O)			15			
	16	Other expen	er expenses (describe in Schedule O)				<u> </u>		
	17		ses. Add lines to through to		<u> </u>	17	47,553		
s	18		eficit) for the year (Subtract line 17 from line 9)			18	(5,159		
set	19		r fund balances at beginning of year (from line 27, column (A)) (must	agree with					
As		end-of-year f	igure reported on prior year's return)			19	15,792		
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)			20			
_	21		r fund balances at end of year Combine lines 18 through 20		•	21	10,633		
For	r Paperv	vork Reducti	on Act Notice, see the separate instructions.			Form 9	990-EZ (2016)		

			46-	0856	5557 Paye
Part II Balance Sheets (see the in	structions for Part II)		1		
*Check if the organization us	ed Schedule O to respond to any question				
•,•		(A) Be	ginning of year		(B) End of year
2 Cash, savings, and investments			15,792		10,633
3 Land and buildings					0
4 Other assets (describe in Schedule O)			0		0
5 Total assets			15,792		10,633
6 Total liabilities (describe in Schedule O)			0		C
7 Net assets or fund balances (line 27 of c	··		15,792	27	10,633
	rvice Accomplishments (see the instru				Expenses
	sed Schedule O to respond to any quest			∐ (Re	equired for section
Vhat is the organization's primary exempt pur	pose? To operate the local cha	pter of Beta F	nı	501	I(c)(3) and 501(c)(4)
	accomplishments for each of its three largest processe manner, describe the services provided, the			"	anizations, optional for ers)
		PNT		+	T
	ELLECTUAL, AND MORAL DEVELOPM MEN, BOTH MEMBERS AND PLEDGES			.	
BETA PHI CHAPTER.	MEN, BOTH MEMBERS AND PLEDGES	UF		.	
	\ If the amount polydon forces	abadı bara	▶ 1		47.51
(Grants \$) If this amount includes foreign grants,	check here	<u> </u>	28	a 47,55
9				.	
(Grants \$) If this amount includes foreign grants	chack horo	<u> </u>	29	
0) If this amount includes foreign grants,	CHECK HEIE		29	2
				.	
(Grants \$) If this amount includes foreign grants,	chack hare	<u> </u>	30	a
1 Other program services (describe in Sche		CHECK Here		, 30,	1
(Grants \$) If this amount includes foreign grants,	chack hara	▶ []	31	a
Total program service expenses (add li		ondok here		32	
Part IV List of Officers, Directors, Tre		en if not compensated	d - see the instr		
	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this		d - see the instr		
	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this		d - see the instr	uction	s for Part IV)
	ustees, and Key Employees (list each one ev	Co Reportable compensation	(d) Health benef	uction	s for Part IV)
Check if the organization used	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this (b) Average	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health beneficontributions to enbenefit plans, a	uction its inployee	s for Part IV)
Check if the organization used (a) Name and title	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this (b) Average hours per week	Co Reportable compensation	(d) Health benef	uction its inployee	s for Part IV)
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Check if the organization used (a) Name and title IICK KERR PRESIDENT	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this (b) Average hours per week devoted to position	Part IV (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health beneficontributions to en benefit plans, a deferred compen	uction its inployee and isation	s for Part IV) (e) Estimated amount of other compensation
Check if the organization used (a) Name and title SICK KERR PRESIDENT INTHONY CARINI	ustees, and Key Employees (list each one ev Schedule O to respond to any question in this (b) Average hours per week devoted to position	Part IV (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health beneficontributions to enderth plans, a deferred compen	uction its inployee and isation	(e) Estimated amount of other compensation
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Check if the organization used (a) Name and title ICK KERR RESIDENT NTHONY CARINI ICE PRESIDENT AVID DOWNS TANDARDS BOARD CHAIRMAN ICHAEL ABOUSSIE ECRETARY ATTHEW CASATICO	ustees, and Key Employees (list each one even Schedule O to respond to any question in this leads to hours per week devoted to position 10.00	Cart IV (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health beneficontributions to endentification benefit plans.	uction its inployee and isation	s for Part IV) (e) Estimated amount of other compensation
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Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requ	urements in	n the			- 5/
********	instructions for Part V) Check if the organization used Schedule O to respond to any ques					
•	,				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			33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ļ				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the					
	change on Schedule O (see instructions)					Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business					
	activities (such as those reported on lines 2, 6a, and 7a, among others)?			35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sci	1		35b		<u></u>
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					
07 -	during the year? If "Yes," complete applicable parts of Schedule N	,		36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a					.,
	Did the organization file Form 1120-POL for this year?			37b		X
30 a	Did the organization borrow from, or make any loans to any officer, director, trustee, or key employee or were					.,,
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "You " complete School led." Best II and onter the tatal amount much and			38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter			ł		
		1	0			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b		0	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	L !	U	1		
	section 4911 ► , section 4955 ►	1				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1				
_	excess benefit 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			40ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			100		
	on organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line					
	40c reimbursed by the organization ▶					
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T			40e		X
41	List the states with which a copy of this return is filed					
42 a		none no	925-4	82-5	240	
		ZIP + 4 ▶ │	89503			
р	At any time during the calendar year, did the organization have an interest in or a signature or other authority o		_		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)	17	-	42b		<u>X</u>
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
c	At any time during the calendar year, did the organization maintain an office outside the United States?	1	-	42c	1	Y
J	If "Yes," enter the name of the foreign country	1	L	720		<u>X</u>
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		▶ 43	1	•	L
	·				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be					
	completed instead of Form 990-EZ			44a		Х
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	ĺ		44b		Х
	Did the organization receive any payments for indoor tanning services during the year?			44c		Χ
d	If "Yes." to line 44c, has the organization filed a Form 720 to report these payments? If "No " provide an					
	explanation in Schedule O			44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	!				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	ļ				
	Form 990-EZ (see instructions)	2		45b	2.55	X
EE	A		Fo	orm 99	U-EZ(ZU16)

Form 9	990-EZ (2016) Beta Phi				46-0856557	F	age 4
				<u> </u>		Yes	No
46	Did the organization engage, directly or indirectly,		ties on behalf of or in opp	osition			
	to candidates for public office? If "Yes," complete		····	· · ·	46		X
Par	t VI Section 501(c)(3) organizations		47 405 150				
	All section 501(c)(3) organizations 50 and 51	s must answer questi	ons 47-49b and 52,	and complete t	ne tables for II	nes	
	Check if the organization used Sc	hadula O to respond	to any question in th	ne Part VI			
	Check if the organization used Sc	nedule O to respond	to any question in ti	IIS FAIL VI	<u>;</u>	Yes	No
47	Did the organization engage in lobbying activities	or have a section 501(h) el	ection in effect during the	tax		165	NO
	year? If "Yes," complete Schedule C, Part II	or riaro a socion cor(ii) or	oonon in onoot daring the	iax	47		
48	Is the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E		48	1	
49a	Did the organization make any transfers to an exe		·		49a	<u> </u>	
b	If "Yes," was the related organization a section 52	7 organization?	_		49b	<u> </u>	ļ
50	Complete this table for the organization's five high	est compensated employe	es (other than officers, di	rectors, trustees and	key	-	-
	employees) who each received more than \$100,00	00 of compensation from th	e organization If there is	none, enter "None	<u> </u>		
		(b) Average	(c) Reportable	(d) Health benefits	vee (e) Estimat	od amou	nt of
	(a) Name and title of each employee	hours per week	compensation	contributions to emplo benefit plans and defe		ompensa	
		devoted to position	(Forms W 2/1099-MISC)	compensation			
					1		
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					:		
					,		
f	Total number of other employees paid over \$100,0	000	· · · · · · · · · · · · · · · · · · ·				
51	Complete this table for the organization's five high	est compensated independ	dent contractors who each	- n received more tha	ų Į		
	\$100,000 of compensation from the organization	If there is none, enter "Nor	ne "				
	(a) Name and business address of each independent con	tractor	(b) Type of service		(c) Compensati		
			(b) Type of sortio	·	1		
					<u>i</u> 		
					<u> </u>		
d	Total number of other independent contractors each	ch receiving over \$100,000	•				
52	Did the organization complete Schedule A? Note:	All section 501(c)(3) organ	izations must attach a			-	
	completed Schedule A				► ☐ Yes		No
	penalties of perjury. I declare that I have examined this re				knowledge and belie	ef it is	
true c	correct and complete Declaration of preparer (other than	officer) is based on all informa	ation of which preparer has a				
Cia.	Signature of officer			10/21	1/18		
Sign		1000		Date	İ		
ner	Type or print name and title	reasurer			<u> </u>		
	Print/Type preparer s name	Preparer a signature	Date		PTIN		
Paid	Cindy Neal	(hos 1	0-02-20		┦"	035	
Prep			10-02-20	Firm's EIN ►	pyed P01455	735	
Use		Place		FIIIR S EIN	1		
	Lexington KY 40			Phone no	 359-494 - 887!	9	
May	the IRS discuss this return with the preparer shown		·····		│ ▶ ☐ Yes		No
EEA		, , , , , , , , , , , , , , , , , , , ,			Form 9		(2016)