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Filed in lieu of Form 990N

Form **990-EZ**

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)

OMB No 1545-1150

2007

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 8/01 , 2007, and ending 7/31 , 2008	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THETA XI FRATERNITY-MU CHAPTER 315 WELCH AVENUE AMES, IA 50010
D Employer identification number 42-0561005	E Telephone number 515-292-5171
F Group Exemption Number 0277	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) _____

I Website: **N/A**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c) (7) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. **\$ 32,238.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	32,235.
	4 Investment income	4	3.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory. Subtract in 5b from in 5a (attach sched)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
EXPENSES	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8 Other revenue (describe _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	32,238.
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	17,980.
15 Printing, publications, postage, and shipping	15	311.	
16 Other expenses (describe _____) See Statement 1	16	12,320.	
17 Total expenses (add lines 10 through 16)	17	30,611.	
18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	1,627.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20	3,410.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,037.

Part II Balance Sheets — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	5,037.
23 Land and buildings	23	
24 Other assets (describe _____)	24	
25 Total assets	0. 25	5,037.
26 Total liabilities (describe _____)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	5,037.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? COLLEGE SOCIAL FRATERNITY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	COLLEGE SOCIAL FRATERNITY		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses Add lines 28a through 31a		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DANIEL ASCNCIO 315 Welch Ave Ames, IA 50014	President 0	0.	0.	0.
ADAM LUCHT 315 Welch Ave Ames, IA 50014	Vice President 0	0.	0.	0.
ZACHARY KNOELL 315 Welch Ave Ames, IA 50014	Treasurer 0	0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.) See Statement 3

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	N/A	
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	0.	
b Gross receipts, included on line 9, for public use of club facilities	0.	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)**40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40 b	<u>N/A</u>	
40 c		
40 d		
40 e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Enter amount of tax on line 40c reimbursed by the organization

0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed ▶ None**42 a** The books are in care of ▶ ZAC KNODELLTelephone no. ▶ 515-292-5171Located at ▶ 315 WELCH AVE AMES, IAZIP + 4 ▶ 50014**b** 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)?

If 'Yes,' enter the name of the foreign country: ..

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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▶ ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 43

N/A

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 11/9/10

Eric Miller

Treasurer

Type or print name and title

Paid
Pre-
parer's
Use
OnlyPreparer's
signature

Janet Brimeyer

Date

11/9/10

Check if
self-
employedPreparer's SSN or PTIN (See
General instruction X)

N/A

Firm's name (or
yours if self-
employed),
address, and
ZIP + 4

Klatt & Associates, CPA, PC

617 Duff / PO Box 310

Ames, IA 50010-0310

EIN

N/A

Phone no

(515) 232-5642

BAA

TEEA0812L 12/27/07

Form 990-EZ (2007)

2007

Federal Statements

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Client T0561005

THETA XI FRATERNITY-MU CHAPTER

42-0561005

11/09/10

02.44PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

BANK CHARGES	\$	162.
FOOD		1,122.
IFC DUES		285.
MISCELLANEOUS		1,256.
REPAIRS		717.
Supplies		6,576.
Telephone		2,202.
Total	\$	<u>12,320.</u>

Statement 2
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

TO ADJUST ENDING EQUITY	\$	3,410.
Total	\$	<u>3,410.</u>

Statement 3
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No