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Form **990-EZ**Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No. 1545-1150

2008**Open to Public Inspection****A** For 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ALPHA TAU OMEGA

No. & street (or P.O. box, if mail is not delivered to street address)

Room/suite

1155 12TH AVENUE NORTH

City or town, state or country, and ZIP + 4

Fargo ND 58102

D Employer identification number

45-0103240

E Telephone number

(701) 412-5763

F Group Exemption

Number... ► 0278

• 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: ► www.atofargo.com**J** Organization type (check only one) -- ☒ 501(c)(7) (insert no.)

4947(a)(1) or

527

H Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 76,668

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

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	65,454
	4	Investment income	4	62
	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) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	11,152
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,152	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	76,668	
EXPENSES	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	49,054
	15	Printing, publications, postage, and shipping	15	924
	16	Other expenses (describe ► See attachment #1)	16	15,884
	17	Total expenses. Add lines 10 through 16	17	65,862
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,806
	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	1,417
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	12,223

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,367	12,223
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	3,367	12,223
26 Total liabilities (describe ► See attachment #2)	1,950	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,417	12,223

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form **990-EZ** (2008)

SCANNED MAY 13 2011

95 20

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

What is the organization's primary exempt purpose? See attachment #3

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) & (4) organizations and 4947(a)(1) trusts; optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)	
--	--

32

0

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)
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(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 & deferred compensation

(e) Expense account and other allowances

See attachment #4

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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, 6a, and 7a (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 section 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?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	25
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911; section 4912; section 4955		
b Section 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," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e 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. NONE		
42a The books are in care of See attachment #5 Telephone no.		
Located at ZIP + 4		
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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	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		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		
If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here

Signature of officer: *[Signature]* Date: 10 APR 11

JOHN PETERSON TREASURER

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/14/2011

Check if self-employed ☐

Preparer's Identifying No. (See instr.): P00383190

Firm's name (or yours if self-employed), address, and ZIP + 4: HR Block, 1620 32ND AVE S STE 300, Fargo, ND 58103-

EIN: 27-3153274

Phone no: 701-271-8312

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending
Name of Organization ALPHA TAU OMEGA	Employer Identification Number 45-0103240

Description of Other Expenses	Amount
TEE SHIRTS	534
TRAVEL	2,294
BUSINESS SUPPLIES	331
HONOR SOCIETY	80
SOCIAL EVENT	650
OUTDOOR SIGN	550
PAYMENTS TO PARENT ORGANIZATION	2,632
PROMOTION	2,845
BANK CHARGES	113
COMPOSIT	1,069
IFC DUES	600
CHARITABLE DONATION	4,186
Total	15,884

Attachment 2: page 1 - 990-EZ Page 1, Part II, Line 26

For calendar year 2008 or tax period beginning _____ **, and ending** _____

Employer Identification Number
45-0103240

Description of Liability	Beginning of Year	End of Year
DAMAGE DEPOSIT ACCOUNT	1,950	
Totals	1,950	

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending .
Name of Organization ALPHA TAU OMEGA	Employer Identification Number 45-0103240

Primary Purpose

MEMBERSHIP IN ALPHA TAU OMEGA INVOLVES LEADERS IN SOCIAL SERVICE AND SCHOLARSHIP AND LEADERSHIP SHAPES THE FUTURE AND ALPHA TAU OMEGA SHAPES LEADERS FOR THE FUTURE

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending			
Name of Organization ALPHA TAU OMEGA			Employer Identification Number 45-0103240	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
RYAN ANDERSON 1229 EDGERTON ST Saint Paul, MN 55130	PRESIDENT 10.00	0	0	0
JOEY PAULUS 2009 ASSUMPTION DR Bismarck, ND 58501	VICE PRESIDENT 10.00	0	0	0
JOHN PETERSON 3301 BIRDIE ST N Fargo, ND 58102	TREASURER 10.00	0	0	0
CORY KIEMELE 1505 N UNIVERSITY DR APT 3 Fargo, ND 58102	SCRIBE 10.00	0	0	0
JESSE BRINSTEINER 5930 LARIAT DR Bismarck, ND 58503	HOUSE MANAGER 10.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending
Name of Organization ALPHA TAU OMEGA	Employer Identification Number 45-0103240
Part V - Line 42a	

Individual Name JOHN PETERSON
or
Business Name:

Street Address 1155 12TH AVE N

U S Address:

Zip code 58102 City Fargo State ND

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (701) 412-5763

Fax Number

2008 DETAIL STATEMENTS

ALPHA TAU OMEGA
45-0103240

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

NATIONAL FRATERNITY SUPPLIES..... 924

TOTAL CARRIED TO 990 EZ PG 1 Line 15..... 924

STATEMENT #2 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

HOUSE RENT..... 12,500

CITY OF FARGO..... 5,050

XCEL ENERGY..... 13,085

QWEST..... 331

CABLE ONE..... 4,178

LAWNCARE..... 76

REPAIR AND MAINTENANCE..... 1,000

FIRE EQUIPMENT..... 129

HOUSE SUPPLIES..... 650

FOOD..... 12,055

TOTAL CARRIED TO 990-EZ PG 1 Line 14..... 49,054