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DLN: 93492019002000

2008

## OMB No 1545-1150

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 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.

**Open to Public** Inspection

|             | or the               | <u> </u>               | tax year beginning 07-01-2008 , and ending 06-30-2009  | ,,,,,,,                   |                              |  |
|-------------|----------------------|------------------------|--|---------------------------|------------------------------|--|
| <b>B</b> _C | heck if              | applicable             | C Name of organization D I   | D Employer identification |                              |  |
|             | ddress o             | 430 1.10               | Mid-American Interfraternity Council Assoc  Number and street (or P O box, if mail is not delivered to street address) Room/suite  F T                   | <u>34-</u> 13             | 48463                        |  |
| _           | ame ch               | E Telephone number     |  |                           |                              |  |
| _           | ntıal ret<br>erminat | (970) 372-1174         |  |                           |                              |  |
| _           | mended               |                        | Exemption  |                           |                              |  |
| Г           | pplicatio            | on pending Instruc-    | Fort Collins, CO 80522   | lumbe                     | r <b>►</b>                   |  |
| <b>+</b> Se | ction                |                        | ons and 4947(a)(1) nonexempt charitable trusts impleted Schedule A (Form 990 or 990-EZ).   | d F                       | Cash Accrual                 |  |
| TW          | eheit e              | :► www mgca org        |  |                           | organization                 |  |
|             |                      |                        | s <b>not</b> required to set = 1.501(c) (3) <b>4</b> (insert no ) 4947(a)(1) or 527 Schedule B (Forn   |                           | ach<br>0, 990-EZ, or 990-PF) |  |
|             |                      | _                      | is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are noi   |                           |                              |  |
|             |                      |                        | d, but if the organization chooses to file a return, be sure to file a complete return   |                           | 657.475                      |  |
| _           | ines 5               |                        | letermine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ  nses, and Changes in Net Assets or Fund Balances (See the instru | <b>▶</b> \$               | 657,175                      |  |
|             | 1                    |                        | rants, and similar amounts received  |                           | 1 2,000                      |  |
|             | 2                    | ,                      | nue including government fees and contracts  |                           | 2 567,004                    |  |
|             | 3                    | Membership dues an     |  |                           | <b>3</b> 54,790              |  |
|             | 4                    | Investment income      |  | -                         | 4 1,278                      |  |
|             | 5a                   |                        | ale of assets other than inventory   |                           | 1,270                        |  |
| a)          | b                    |                        | asis and sales expenses  |                           |                              |  |
| Ę           | °                    |                        | le of assets other than inventory (Subtract line 5b from line 5a) (attach schedul  |                           | 5c                           |  |
| Revenue     | 6                    |                        | ctivities (complete applicable parts of Schedule G). If any amount is from <b>gamin</b>  | ·                         | 50                           |  |
| Щ           | •                    | check here             | ctivities (complete applicable parts of schedule G). If any amount is nom gamme  | 9,                        |                              |  |
|             | а                    | Gross revenue (not i   | icluding \$ of contributions   |                           |                              |  |
|             |                      | reported on line 1)    | 6a   |                           |                              |  |
|             | ь                    | Less direct expense    | s other than fundraising expenses 6b   |                           |                              |  |
|             | c                    | Net income or (loss)   | _  |                           |                              |  |
|             |                      | •                      |  |                           | 6c                           |  |
|             | 7a                   |                        | ory, less returns and allowances   |                           |                              |  |
|             | b                    | Less cost of goods     |  |                           |                              |  |
|             | С                    | Gross profit or (loss) | from sales of inventory (Subtract line 7b from line 7a)  | •                         | 7c                           |  |
|             | 8                    | Other revenue (desc    | uha 🌬 📆  | $\vdash$                  | 8 32,103                     |  |
|             | 9                    |                        | nes 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | '  -                      | <b>9</b> 657,175             |  |
|             | 10                   |                        | nounts paid (attach schedule)  |                           | 10                           |  |
|             | 11                   | Benefits paid to or fo |  | -                         | 11                           |  |
|             | 12                   | ·                      | ensation, and employee benefits  | <b>—</b>                  | 12 88,140                    |  |
| ıA<br>A     | 13                   | , .                    | other payments to independent contractors  | _ <b>⊢</b>                | 13 6,038                     |  |
| 356         | 14                   |                        | ities, and maintenance   | -                         | 14 23,507                    |  |
| Expenses    | 15                   | , ,                    | , postage, and shipping  | <u> </u>                  | <b>15</b> 26,413             |  |
| Ш           | 16                   | Other expenses (des    |  | <b>⊢</b>                  | <b>16</b> 419,667            |  |
|             | 17                   |                        | rines 10 through 16)   | ⁻′ ⊢                      | 17 563,765                   |  |
| <u></u>     | 18                   | <u> </u>               | the year (Subtract line 17 from line 9)  |                           | 93,410                       |  |
| NetAssets   |                      |                        |  |                           | 18                           |  |
| 4.5         | 19                   |                        | lances at beginning of year (from line 27, column (A)) (must agree with  |                           |                              |  |
| 홀           |                      |                        | ported on prior year's return)   |                           | 159,125                      |  |
|             | 20                   | Other changes in net   | assets or fund balances (attach explanation) 🕏   |                           | -500                         |  |
|             | 21                   |                        | lances at end of year (combine lines 18 through 20)  |                           | 252,035                      |  |
| Pa          | rt II                |                        | —If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990   | ınste                     |                              |  |
|             |                      |                        | he instructions for Part II )  (A) Beginning of year   |                           | (B) End of year              |  |
|             |                      | , savings, and investm | <del></del>  | 22                        | 241,550                      |  |
| 23          |                      | and buildings          | 7,978  | 23                        | 10,485                       |  |
| 24          |                      | assets (describe 🟲_    |  | 24                        | 0                            |  |
|             |                      | assets                 |  | 25                        | 252,035                      |  |
|             |                      | liabilities (describe  | (line 27 of column (B) <b>must</b> agree with line 21) . 159,125   | 26<br>27                  | 252,035                      |  |
|             | inci d               | Joes of Luna Dalances  | time 2.7 of column (b) mast agree with time 21) 1  | ~/                        | 232,035                      |  |

| Part IIII Statement of Program   | Service Accomplish   | nents (See the instruction                       | ns for Part III )  | Ex       | penses                                    |
|--|--|--|--|----------|---|
| What is the organization's primary exemp PROMOTE LEADERSHIP AND EDUCAT AND UNIVERSITIES WITHIN A SEVEN LEADERSHIP CONFERENCE, OTHER ALEDUCATIONAL RESOURCES TO MEMB BASIS OF THE ASSOCIATION'S EDUC Describe what was achieved in carrying of describe the services provided, the numb title | 4947(a)(1) trusts,<br>optional for others)                         |  |  |          |   |
| 28 The organization hosted a conference educational programs, keynotes, and spe hosted the second joint conference with tapproximately 250 people registered (Grants \$ )  | cial events, provided leaders                                      | ship development and t<br>adership Conference (N | raining MGCA also<br>BGLC) with                                | 28a      | 408,350                                   |
| (Grants \$ ) If t  | his amount includes foreign  | grants, check here .                             | ▶⊏   | 29a      |   |
| <b>31</b> O ther program services (attach sched  | his amount includes foreign<br>ule)<br>his amount includes foreign |  | <u>►</u>   | 30a      |   |
| 32 Total program service expenses (add li  |  |  |  | 31a 32   | 408,350                                   |
| Part IV List of Officers, Directors, T   |  |  | mpensated (See the inst  | <u> </u> |   |
| (a) Name and address   | (b) Title and average<br>hours per week<br>devoted to position     | (c) Compensation<br>(If not paid,<br>enter -0)   | (d) Contributions<br>employee benefit pla<br>deferred compensa | ans & a  | e) Expense<br>ccount and<br>er allowances |
| See Additional Data Table  |  |  |  |          |   |
|  |  |  |  |          |   |
|  |  |  |  |          |   |

| Part            | ΛI   | Section 501(c)(3) orga   | and  | ection 501(c)(3) or                   | ganizations      | must answer                                      | questi   | ons 46                         | -49    |
|-----------------|--|--|--|---------------------------------------|------------------|--|----------|--------------------------------|--------|
|                 |  | complete the tables for lin  |  |                                       |                  |  |          |                                |        |
|                 |  | e organization engage in direct  |  |                                       | alf of or in opp | osition to                                       |          | Yes                            | No     |
| С               | andı   | dates for public office? If "Yes,"   | complete Schedule C, Pa  | art I                                 |                  |  | 46       |                                | No     |
| <b>47</b> D     | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |  |  |                                       |                  |  |          |                                | No     |
| <b>48</b> I:    | s the  | organization operating a schoo   | l as described in section                                      | 170(b)(1)(A)(ıı)? If")                | es," complete    | Schedule E                                       | 48       |                                | No     |
| <b>49a</b> D    | old th   | e organization make any transfe  | ers to an exempt non-cha                                       | rıtable related organız               | ation?           |  | 49a      |                                | No     |
| <b>b</b> If     | f"Ye   | s," was the related organization   | (s) a section 527 organiz                                      | ation?                                |                  |  | 49b      |                                |        |
|                 |  | lete this table for the five highes<br>red more than \$100,000 of com            |  |                                       |                  |  | employ   | /ees) w                        | ho     |
| (a) Na          |  | and address of each employee<br>d more than \$100,000                            | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                      | employee l       | tributions to<br>penefit plans &<br>compensation | ac       | e) Exper<br>count a<br>rallowa | and    |
| NONE            |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
| Total n         | umb  | er of other employees paid over<br>\$100,000 ►                                   |  |                                       |                  |  |          |                                |        |
| <b>51</b> C     | omp  | lete this table for the five highes  | st compensated independ  | ent contractors who e                 | ach received     | more than \$10                                   | 0,000 c  | of                             |        |
|                 |  | ensation from the organization 1   | •  |                                       | /h) T            |  | (-) (-   |                                |        |
| ( a             | 1) N a   | me and address of each indeper   | ndent contractor paid mor                                      | re than \$100,000                     | (в) гуре         | ofservice  | (e) C    | ompen                          | sation |
|                 |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
|                 |  |  |  |                                       |                  |  |          |                                |        |
| Totaln          | umbe   | er of other independent contract   | ors receiving over \$100                                       | 000                                   |                  |  |          |                                |        |
| r otar n        | 41112  | ·  | ,  | , , , , , , , , , , , , , , , , , , , |                  |  |          |                                |        |
| Pleas           | e  | Under penalties of perjury, I declare t and belief, it is true, correct, and com |  |                                       |                  | on of which prepar                               |          |                                |        |
| Sign<br>Here    |  | Signature of officer   |  |                                       | Date             |  |          |                                |        |
|                 |  | Mark Koepsell Executive Director Type or print name and title                    |  |                                       |                  |  |          |                                |        |
| Paid            |  | Preparer's signature DORI J EGGETT   | Da   | s                                     | Check If         | Preparer's PTIN                                  | (See Gen | Inst X)                        |        |
| raiu<br>Prepare | er's   |  | KEEFE STEINER & HOTTMAN P                                      |                                       | empolyed 🕨 🦳     | CTN h  |          |                                |        |
| Use On          | Letter to the second of the se |  |  |                                       |                  |  |          |                                |        |
|                 |  | Phone no • (303  |  |                                       |                  |  |          | 9400                           |        |

DENVER, CO 802372843

May the IRS discuss this return with the preparer shown above? See instructions . . . . . . .

No

Yes

Employer identification number

### DLN: 93492019002000

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| A-biP | merican  | Interfraternity                       | Council Assoc           |  |                  |                    |                  |                    |                    |              |  |                 |
|-------|----------|---------------------------------------|-------------------------|--|------------------|--------------------|------------------|--------------------|--------------------|--------------|--|-----------------|
|       |          |                                       |                         |  |                  |                    |                  | 34                 | -134846            | 3            |  |                 |
| Pa    | rt I     | Reason                                | for Public C            | <b>harity Status</b> (to be co                             | mpleted          | by all or          | ganızatıo        | ns) (See           | Instruct           | ions)        |  |                 |
| The o | organiz  | zation is not                         | a private found         | ation because it is (Please                                | check on         | ly <b>one</b> org  | anızatıon        | )                  |                    |              |  |                 |
| 1     | Γ        | A church, c                           | onvention of ch         | nurches, or association of ch                              | urches de        | escribed in        | Section :        | 170(b)(1)(         | (A)(i).            |              |  |                 |
| 2     | Γ        | A school de                           | escribed in <b>Sect</b> | t <b>ion 170(b)(1)(A)(ii).</b> (Attac                      | ch Schedu        | ıle E )            |                  |                    |                    |              |  |                 |
| 3     | Γ        | A hospital                            | or a cooperative        | e hospital service organizati                              | on descri        | bed in <b>Sec</b>  | tion 170(l       | b)(1)(A)(i         | ii). (Attac        | h Schedul    | e H )  |                 |
| 4     | Γ        | A medical i                           | esearch organı          | zation operated in conjuncti                               | on with a        | hospital d         | escribed i       | n <b>Section</b> : | 170(b)(1)          | (A)(iii). E  | nter the   |                 |
|       |          | hospital's r                          | name, city, and         | state  |                  |                    |                  |                    |                    |              |  |                 |
| 5     | Γ        | An organiza                           | atıon operated f        | or the benefit of a college or                             | universit        | y owned o          | r operated       | l by a gove        | rnmental           | unıt desc    | rıbed ın   |                 |
|       |          | Section 170                           | )(b)(1)(A)(iv).         | (Complete Part II )  |                  |                    |                  |                    |                    |              |  |                 |
| 6     | $\Gamma$ | A federal, s                          | tate, or local go       | overnment or governmental                                  | unıt desci       | ribed in <b>Se</b> | ction 170        | (b)(1)(A)          | (v).               |              |  |                 |
| 7     | ✓        | An organiza                           | ation that norma        | ally receives a substantial p                              | art of its s     | support fro        | om a gove        | rnmental u         | ınıt or fror       | n the gene   | ral publ   | С               |
|       |          | described i                           | n Section 170(b         | o)(1)(A)(vi) (Complete Par                                 | tII)             |                    |                  |                    |                    |              |  |                 |
| 8     | Γ        | A communi                             | ty trust describ        | oed in <b>Section 170(b)(1)(A)</b>                         | <b>(vi)</b> (Com | nplete Par         | tII)             |                    |                    |              |  |                 |
| 9     | Г        | An organiza                           | ation that norma        | ally receives (1) more than                                | 331/3% 0         | fits supp          | ort from c       | ontribution        | ıs, membe          | rship fees   | , and gr   | oss             |
|       |          | receipts fro                          | m activities rel        | ated to its exempt functions                               | s—subject        | to certair         | n exceptio       | ns, and (2         | ) no more          | than 331/    | 3% of  |                 |
|       |          | ıts support                           | from gross inve         | estment income and unrelate                                | ed busines       | ss taxable         | income (l        | ess sectio         | on 511 tax         | x) from bu   | sinesse  | 5               |
|       |          | acquired by                           | the organization        | on after June 30, 1975 See                                 | Section 5        | 09(a)(2).          | (Complet         | e Part III         | )                  |              |  |                 |
| 10    | Γ        | An organiza                           | ation organized         | and operated exclusively to                                | test for p       | ublic safe         | ty See <b>Se</b> | ct ion 509(        | ( <b>a)(4).</b> (S | ee instruc   | tions )  |                 |
| 11    | Г        | An organiza                           | ation organized         | and operated exclusively fo                                | r the bene       | fit of, to p       | erform the       | functions          | of, or to o        | arry out t   | he purpo   | ses of          |
|       |          |                                       |                         | orted organizations describe                               |                  |                    |                  |                    |                    | Section 5    | 09(a)(3  | ).Check         |
|       |          |                                       |                         | type of supporting organiza                                |                  |                    |                  |                    | _                  | <b>⊢</b> +   | 0  | ula a sa        |
| _     | _        | a ∏T¹                                 |                         |  |                  |                    | nally Integ      |                    | d                  | Г Туре       |  |                 |
| е     | ı        | •                                     | - ,                     | rtify that the organization is agers and other than one or |                  |                    | •                |                    |                    | •            | •  |                 |
|       |          | section 50                            |                         | agers and other than one or                                | more pub         | iiciy supp         | orteu orga       | IIIZations (       | aescribeu          | III Section  | 1 3 0 3 (u)                                      | (1)01           |
| f     |          | If the organ                          | nization receive        | d a written determination fro                              | m the IRS        | 5 that it is       | a Type I,        | Type II o          | r Type III         | supportin    | ng organ   | zation <u>,</u> |
|       |          | check this                            |                         |  |                  |                    |                  |                    |                    |              |  | Г               |
| g     |          | following pe                          |                         | as the organization accepted                               | d any gift       | or contrib         | ution from       | any of the         | !                  |              |  |                 |
|       |          |                                       |                         | r indirectly controls, either a                            | alone or to      | gether wi          | th persons       | describe           | d ın (ıı)          |              | Yes  | No              |
|       |          |                                       | •                       | ng body of the the supported                               |                  | -                  | •                |                    | . ,                | 11g          |  | No              |
|       |          | · · · · · · · · · · · · · · · · · · · |                         | erson described in (i) above                               | _                |                    |                  |                    |                    | 11g(         |  | No              |
|       |          |                                       | •                       | ty of a person described in (                              |                  | bove?              |                  |                    |                    | 11g(         | _  | Νο              |
| h     |          |                                       |                         | nation about the organizatio                               |                  |                    | supports         |                    |                    |              | /  |                 |
|       |          |                                       | J                       | J  | •                |                    |                  |                    |                    |              |  |                 |
|       | (i) Na   | ame of                                | (ii) EIN                | (iii) Type of organization                                 | (iv) I           | s the              | (v) Did y        | ou notify          | (vi) I             | s the        | (vii) A  | mount of        |
|       |          | orted                                 |                         | (described on lines 1-9                                    | _                | ation in           |                  | nızatıon           |                    | ation in     | sup  | port?           |
|       | O rgan   | nization                              |                         | above or IRC section                                       |                  | listed in          |                  | i) of your         |                    | rganized     | anızed   |                 |
|       |          |                                       |                         | (See Instructions))  |                  | verning<br>ment?   | supp             | oort?              | in the             | US?          |  |                 |
|       |          |                                       |                         |  | Yes              | No                 | Yes              | No                 | Yes                | No           | 1  |                 |
|       |          |                                       |                         |  | 162              | 140                | 163              | 140                | 162                | 140          |  |                 |
|       |          |                                       |                         |  |                  | -                  | -                | -                  |                    | -            | -  |                 |
|       |          |                                       |                         |  |                  |                    |                  |                    |                    |              | -  |                 |
|       |          |                                       |                         |  |                  | <del> </del>       | 1                | -                  |                    | <del> </del> | <del>                                     </del> |                 |
|       |          |                                       |                         |  |                  | <b>_</b>           | -                | -                  |                    | <b>.</b>     |  |                 |

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

|      | (Complete only if you chec  | ked the box o       | n line 5, 7, or    | 8 of Part I.)       |                 |         |             |                 |
|------|---|---------------------|--------------------|---------------------|-----------------|---------|-------------|-----------------|
| Pı   | ublic Support   |                     |                    |                     |                 |         |             |                 |
| Cale | endar year (or fiscal year beginning in)  | (a) 2004            | <b>(b)</b> 2005    | (c) 2006            | <b>(d)</b> 2007 | (e)     | 2008        | (f) Total       |
| 1    | Gifts, grants, contributions, and membership fees received (Do not                    | 27,305              | 56,390             | 27,355              | 45,680          |         | 56,790      | 213,520         |
| _    | include any "unusual grants ")  |                     |                    |                     |                 |         |             |                 |
| 2    | Tax revenues levied for the organization's  |                     |                    |                     |                 |         |             |                 |
|      | benefit and either paid to or expended on its behalf                                  |                     |                    |                     |                 |         |             |                 |
| 3    | The value of services or facilities   |                     |                    |                     |                 |         |             |                 |
|      | furnished by a governmental unit to the   |                     |                    |                     |                 |         |             |                 |
| 4    | organization without charge <b>Total.</b> Add line 1-3                                | 27,305              | 56,390             | 27,355              | 45,680          |         | 56,790      | 213,520         |
| 5    | The portion of total contribution by each   | 27,303              | 30,330             | 27,555              | 15,000          |         | 30,730      | 213,320         |
| Э    | person (other than a government unit or   |                     |                    |                     |                 |         |             |                 |
|      | publicly supported organization) included   |                     |                    |                     |                 |         |             |                 |
|      | on line 1 that exceed 2% of the amount  |                     |                    |                     |                 |         |             |                 |
|      | shown on line 11, column  |                     |                    |                     |                 |         |             |                 |
|      | (f)   |                     |                    |                     |                 |         |             |                 |
| 6    | Public Support subtract line 5 from line  |                     |                    |                     |                 |         |             | 213,520         |
|      | 4   |                     |                    |                     |                 |         |             | ,               |
|      | otal Support  | ( ) 2004            | 433335             | ( ) 2 2 2 5         | (1) 2 2 2 7     |         |             | (6) =           |
|      | endar year (or fiscal year beginning in)  | (a) 2004            | <b>(b)</b> 2005    | (c) 2006            | (d) 2007        | (e)     | 2008        | (f) Total       |
| 7    | Amounts from line 4   | 27,305              | 118                | 27,355              | 45,680          |         | 56,790      | 213,520         |
| 8    | Gross income from interest, dividends, payments received on securities loans,         |                     |                    |                     |                 |         |             |                 |
|      | rents, royalties and income from similar  | 86                  | 118                | 135                 | 56              |         | 1,278       | 1,673           |
|      | sources   |                     |                    |                     |                 |         |             |                 |
| 9    | Net income from unrelated business  |                     |                    |                     |                 |         |             |                 |
| -    | activities, whether or not the business is  | 0                   | 0                  | 0                   | -237            |         | 3,701       | 3,464           |
|      | regularly carried on  |                     |                    |                     |                 |         |             |                 |
| 10   | Other income Do not include gain or loss  |                     |                    |                     |                 |         |             |                 |
|      | from the sale of capital assets (Explain in   |                     |                    |                     |                 |         |             |                 |
|      | Part IV )   |                     |                    |                     |                 |         |             | 219 657         |
| 11   | Total Support (Add lines 7 through 10)  |                     |                    |                     |                 |         |             | 218,657         |
| 12   | Gross receipts from related activities, etc   | (See Instruction    | is )               |                     |                 | 12      |             | 2,523,476       |
| 13   | First Five Years. If the Form 990 is for the  | organızatıon's fır  | rst, second, third | d, fourth, or fifth | tax year as a 5 | 01(c)(  | 3)          | _               |
|      | organization, check this box and <b>stop here</b>                                     |                     |                    |                     |                 |         | ļ           | ▶┌              |
| C    | omputation of Public Support Perc   | entage              |                    |                     |                 |         |             |                 |
| 14   | Public Support Percentage for 2008 (line 6  | column (f) dıvıd    | ed by line 11 co   | olumn (f))          |                 | 14      |             | <b>97.651</b> % |
| 15   | Public Support Percentage for 2007 Sched  | ule A , Part IV - A | , line 26f         |                     |                 | 15      |             | 99.634 %        |
| 16a  | 33 1/3% Test - 2008. If the organization die  | d not check the b   | box on line 13, a  | and line 14 is 33   | 1/3% or more,   | check   | this box    | _               |
|      | and <b>stop here.</b> The organization qualifies as                                   |                     | _                  |                     |                 |         |             | ►✓              |
| Ь    | 33 1/3% Test - 2007. If the organization di   |                     |                    |                     | .5 is 33 1/3% o | r more  | , check thi |                 |
| 17-  | box and <b>stop here.</b> The organization qualific                                   |                     |                    |                     | 2 16 2 2 16 2   | بعدالمم | . 14 10     | <b>▶</b> ┌      |
| 1/а  | 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac | -                   |                    |                     |                 |         |             |                 |
|      | organization meets the "facts and circumst  |                     |                    |                     |                 |         |             | ,w the ►        |
| ь    | 10% Facts and Circumstances Test - 2007.  |                     |                    | •                   |                 | -       |             | •               |
| _    | more, and if the organization meets the "fac  |                     |                    |                     |                 |         |             |                 |
|      | the organization meets the "facts and circu   | mstances" test      | The organization   | on qualifies as a   | publicly suppor | ted or  | ganızatıon  | <b>►</b> □      |
| 18   | <b>Private Foundation.</b> If the organization did                                    |                     |                    |                     |                 |         |             |                 |
|      | instructions  |                     |                    |                     |                 |         |             | <b>▶</b> ┌      |

| Pa   | Support Schedule for On<br>(Complete only if you ched                   |                    |                   |                     | )(2)             |                 |                  |  |
|------|---|--------------------|-------------------|---------------------|------------------|-----------------|------------------|--|
|      | ction A. Public Support   |                    |                   |                     |                  |                 |                  |  |
| Cale | ndar year (or fiscal year beginning in)                                 | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total        |  |
| 1    | Gifts, grants, contributions, and                                       |                    |                   |                     |                  |                 |                  |  |
|      | membership fees received (Do not  |                    |                   |                     |                  |                 |                  |  |
| 2    | include any "unusual grants ")<br>Gross receipts from admissions,       |                    |                   |                     |                  |                 |                  |  |
| 2    | merchandise sold or services performed,                                 |                    |                   |                     |                  |                 |                  |  |
|      | or facilities furnished in any activity that                            |                    |                   |                     |                  |                 |                  |  |
|      | is related to the organization's tax-                                   |                    |                   |                     |                  |                 |                  |  |
|      | exempt purpose  |                    |                   |                     |                  |                 |                  |  |
| 3    | Gross receipts from activities that are                                 |                    |                   |                     |                  |                 |                  |  |
|      | not an unrelated trade or business under                                |                    |                   |                     |                  |                 |                  |  |
|      | section 513   |                    |                   |                     |                  |                 |                  |  |
| 4    | Tax revenues levied for the   |                    |                   |                     |                  |                 |                  |  |
|      | organization's benefit and either paid to                               |                    |                   |                     |                  |                 |                  |  |
|      | or expended on its behalf   |                    |                   |                     |                  |                 |                  |  |
| 5    | The value of services or facilities                                     |                    |                   |                     |                  |                 |                  |  |
|      | furnished by a governmental unit to the                                 |                    |                   |                     |                  |                 |                  |  |
| _    | organization without charge   |                    |                   |                     |                  |                 |                  |  |
| 6    | Total Add lines 1-5   |                    |                   |                     |                  |                 |                  |  |
| 7a   | A mounts included on lines 1, 2, and 3                                  |                    |                   |                     |                  |                 |                  |  |
|      | received from disqualified persons<br>Amounts included on lines 2 and 3 |                    |                   |                     |                  |                 |                  |  |
| D    | received from other than disqualified                                   |                    |                   |                     |                  |                 |                  |  |
|      | persons that exceed the greater of 1% of                                |                    |                   |                     |                  |                 |                  |  |
|      | the total of lines 9, 10c, 11, and 12 for                               |                    |                   |                     |                  |                 |                  |  |
|      | the year or \$5,000   |                    |                   |                     |                  |                 |                  |  |
| c    | Total of lines 7a and 7b  |                    |                   |                     |                  |                 |                  |  |
| 8    | Public Support (Substract line 7c from                                  |                    |                   |                     |                  |                 |                  |  |
| ·    | line 6)   |                    |                   |                     |                  |                 |                  |  |
| To   | tal Support   |                    | •                 | •                   |                  |                 |                  |  |
| Cale | ndar year (or fiscal year beginning in)                                 | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | <b>(f)</b> Total |  |
| 9    | A mounts from line 6  |                    |                   |                     |                  |                 |                  |  |
| 10a  | Gross income from interest, dividends,                                  |                    |                   |                     |                  |                 |                  |  |
|      | payments received on securities loans,                                  |                    |                   |                     |                  |                 |                  |  |
|      | rents, royalties and income from similar                                |                    |                   |                     |                  |                 |                  |  |
|      | sources   |                    |                   |                     |                  |                 |                  |  |
| b    | Unrelated business taxable income (less                                 |                    |                   |                     |                  |                 |                  |  |
|      | section 511 taxes) from businesses                                      |                    |                   |                     |                  |                 |                  |  |
|      | acquired after 30 June, 1975  |                    |                   |                     |                  |                 |                  |  |
| С    | Add lines 10a and 10b   |                    |                   |                     |                  |                 |                  |  |
| 11   | Net income from unrelated business                                      |                    |                   |                     |                  |                 |                  |  |
|      | activities not included in line 10b,                                    |                    |                   |                     |                  |                 |                  |  |
|      | whether or not the business is regularly carried on                     |                    |                   |                     |                  |                 |                  |  |
| 12   | Other income Do not include gain or loss                                |                    |                   |                     |                  |                 |                  |  |
| 12   | from the sale of capital assets   |                    |                   |                     |                  |                 |                  |  |
|      | (Explain in Part IV )   |                    |                   |                     |                  |                 |                  |  |
| 13   | Total Support (Add lines 9, 10c, 11 and                                 |                    |                   |                     |                  |                 |                  |  |
|      | 12)   |                    |                   |                     |                  |                 |                  |  |
| 14   | First Five Years If the Form 990 is for the                             | organization's fi  | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation,          |  |
|      | check this box and <b>stop here</b>                                     |                    |                   |                     |                  |                 | ▶□               |  |
|      |   |                    |                   |                     |                  |                 |                  |  |
|      | mputation of Public Support Perc  |                    |                   |                     |                  | <del></del>     |                  |  |
| 15   | Public Support Percentage for 2008 (line                                |                    | •                 | olumn (f))          |                  | 15              |                  |  |
| 16   | Public Support Percentage for 2007 Sche                                 | dule A , Part IV - | A, line 27g       |                     |                  | 16              |                  |  |
|      |   |                    |                   |                     |                  |                 |                  |  |
|      | mputation of Investment Income  |                    |                   | 40 1 1              |                  |                 |                  |  |
| 17   | Investment Income Percentage for 2008 (                                 |                    |                   | -                   | ))               | 17              |                  |  |
| 18   | Investment Income Percentage from 2007                                  | 'Schedule A , Pa   | rt IV-A, line 27  | h                   |                  | 18              |                  |  |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |  |  |  |  |  |  |
|---------|---|--|--|--|--|--|--|
|         |   |  |  |  |  |  |  |
|         | Facts and Circumstances Test  |  |  |  |  |  |  |
|         |   |  |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 34-1348463

Name: Mid-American Interfraternity Council Assoc

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address  | (B) Title and average<br>hours per week<br>devoted to position | (C) Compensation<br>(If not paid,<br>enter -0) | (D) Contributions to<br>employee benefit plans<br>&<br>deferred compensation | (E) Expense<br>account and<br>other allowances |
|---|--|--|--|--|
| Mark Koepsell<br>PO Box 1576<br>Fort Collins, CO 80522            | Executive Director 50 0  | 54,000   | 6,000  |  |
| Shelley Sutherland<br>PO Box 1576<br>Fort Collins, CO 80522       | Associate Executive<br>Director 15 0                           | 11,000   |  |  |
| Mike McRee<br>PO Box 1576<br>Fort Collins, CO 80522               | Assistant executive director 15 0                              | 11,000   |  |  |
| Shannon Greybar Milliken<br>PO Box 1576<br>Fort Collins, CO 80522 | representative at large<br>2 0                                 | 0  |  |  |
| Parice Bowser<br>PO Box 1576<br>Fort Collins, CO 80522            | repsentative at large<br>2 0                                   | 0  |  |  |
| Dave Westol<br>PO Box 1576<br>Fort Collins, CO 80522              | representative at large<br>2 0                                 | 0  |  |  |



## **TY 2008 Other Changes in Net Assets Schedule**

Name: Mid-American Interfraternity Council Assoc

**EIN:** 34-1348463

| Description             | Amount |
|-------------------------|--------|
| PRIOR PERIOD ADJUSTMENT | 500    |

# **TY 2008 Other Expenses Schedule**

Name: Mid-American Interfraternity Council Assoc

**EIN:** 34-1348463

| Description                 | Amount  |
|-----------------------------|---------|
| MEALS                       | 35,208  |
| OFFICE EXPENSES             | 8,093   |
| ADVERTISING/PROMOTIONS      | 15,792  |
| IT EXPENSES                 | 13,483  |
| PAYROLL EXPENSE             | 653     |
| AWARDS PROGRAM              | 3,213   |
| INSURANCE                   | 3,254   |
| MEMBERSHIP DUES             | 1,416   |
| STAFF DEVELOPMENT           | 647     |
| MISCELLANEOUS               | 2,316   |
| CREDIT CARD FEES            | 23,058  |
| Supplies                    | 5,969   |
| Travel                      | 41,821  |
| Conferences and Conventions | 254,708 |
| Depreciation                | 10,036  |

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|                                      |                 |                     |

## **TY 2008 Other Revenues Schedule**

Name: Mid-American Interfraternity Council Assoc

**EIN:** 34-1348463

| Description          | Amount |
|----------------------|--------|
| PROGRAM BOOKLET      | 1,066  |
| CONNECTIONS MAGAZINE | 7,892  |
| SILENT AUCTION       | 23,145 |