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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 org- anizations 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**

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
TAU KAPPA EPSILON
224 ASH
AMES, IA 50014

D Employer identification number
42-0558350

E Telephone number
515-232-5907

F Group Exemption Number

G Accounting method. ☐ Cash ☒ Accrual
 Other (specify) ▶

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

I Website: ▶ N/A

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **50,649.**

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	50,649.
	4	Investment income	4	
	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 line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐	6	
	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		
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	50,649.	
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	19,971.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <u>See Statement 1</u>)	16	38,070.
	17	Total expenses (add lines 10 through 16)	17	58,041.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,392.	
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	9,865.
	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	2,473.

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 the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,865.	5,473.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	12,865.	5,473.
26 Total liabilities (describe ▶ <u>See Statement 2</u>)	3,000.	3,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,865.	2,473.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED JUL 26 2010



P 10

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

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

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

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

28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here	☐	28 a
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here	☐	29 a
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here	☐	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	☐	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 the instrs.)

(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
Chris Yockey ----- 305 W. Randolph ----- Anthon, IA 51004	President 2.00	0.	0.	0.
Mike Beals ----- 2631 NW 160th St ----- Clive, IA 50325	Vice President 2.00	0.	0.	0.
Dan O'Conner ----- 11630 N. River Ridge Dr ----- Mequon, WI 53092	Secretary 2.00	0.	0.	0.
Jon Turk ----- 803 Brick St SE ----- Bondurant, IA 50035	Chaplain 2.00	0.	0.	0.
Ian Dallas ----- 5015 188th Path W ----- Apple Valley, MN 55124	Historian 2.00	0.	0.	0.
Andrew Edwards ----- 10955 Penfield Ave N ----- Stillwater, MN 55082	Educator 2.00	0.	0.	0.
Brad Adams ----- 3700 Breckenridge Circle ----- West Des Moines, IA 50265	Educator 2.00	0.	0.	0.
John Jones ----- 19475 258th Ave ----- Bettendorf, IA 52722	Treasurer 2.00	0.	0.	0.
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				

Part V Other Information (Note the statement requirement in General Instruction V.)

	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 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?		
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	N/A
39 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9	39a	0.
b Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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,' complete Schedule L, Part I	40b	
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? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ Phil Kaser Telephone no ▶ 515-681-6956
 Located at ▶ 657 Harwood Dr Des Moines IA ZIP + 4 ▶ 50321

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
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ N/A N/A

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

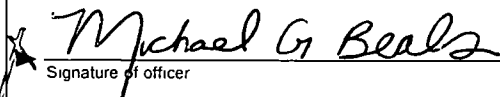
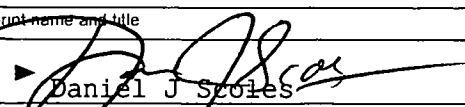
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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 and deferred compensation	(e) Expense account and other allowances
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
Total number of other independent contractors 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		Date <u>5/24/10</u>	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	 Daniel J. Stiles	Date	<u>5-21-10</u>
	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		
	Check if self-employed	☐		
	Preparer's Identifying Number (See instructions)	P00057532		
	EIN	42-1219716		
	Phone no	(515) 232-5642		

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

2008

Federal Statements

Page 1

Client T0558350

TAU KAPPA EPSILON

42-0558350

5/21/10

03.05PM

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

BANK CHARGES
Social

	\$	146.
		37,924.
Total	\$	<u>38,070.</u>

Statement 2
Form 990-EZ, Part II, Line 26
Total Liabilities

Note Payable 224 Ash LLC

	<u>Beginning</u>	<u>Ending</u>
	\$ 3,000.	\$ 3,000.
Total	<u>\$ 3,000.</u>	<u>\$ 3,000.</u>