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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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009

Open to Public
Inspection

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALPHA TAU OMEGA		D Employer identification number 45-0103240
		Number & street (or P O box, if mail is not delivered to street addr.)		E Telephone number
		1155 12TH AVENUE NORTH		(701) 412-5763
		City or town, state or country, and ZIP + 4 Fargo ND 58102		F Group Exemption Number 0287

• 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 organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 83,162

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	76,844
	4	Investment income	4	28
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ reported on line 1)	6a	6,290
6b	Less: direct expenses other than fundraising expenses	6b	500	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,790	
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. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	82,662	
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	65,744
	15	Printing, publications, postage, and shipping	15	621
	16	Other expenses (describe ► See attachment #1)	16	17,389
	17	Total expenses. Add lines 10 through 16	17	83,754
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,092
	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	12,223
	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	11,131

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	12,223	11,131
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	12,223	11,131
26	Total liabilities (describe ►)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,223	11,131

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

Form 990-EZ (2009)

SCANNED MAY 13 2010

35 12

Part V Other Information (Note the statement requirements in the instructions for Part 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? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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		
b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 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
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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations 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		X
41 List the states with which a copy of this return is filed		NONE
42a The organization's 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)?		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.?		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 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		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

f Total number of other employees paid over \$100,000 ▶

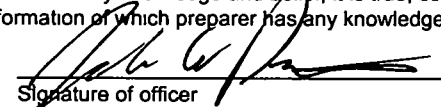
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here

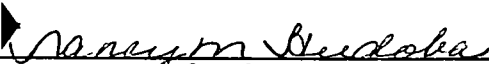
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer  Date 18 APR 11

JOHN PETERSON TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date Check if self-employed ☐ Preparer's identifying no. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 HR Block EIN 27-315-3274

1620 32ND AVE S STE 300 Phone no 701-271-8312

Fargo, ND 58103

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

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Inspection

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

ALPHA 'TAU OMEGA

Employer Identification Number

45-0103240

Description of Other Expenses

Amount

DUES TO NATIONAL ORGANIZATION	4,488
TRANSPORTATION RENTAL	1,530
ADVERTISING	604
VENUE RENTAL	5,526
SOCIAL	1,763
IFC COUNCIL	709
HONOR SOCIETY	80
COMPOSITE	500
NDSU DEVELOPMENT FOUNDATION	270
BANK FEES	2
NDSU	744
RECEIVABLE CONTROL CORP	1,173

Total

17,389

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2009 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.

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending		
Name of Organization ALPHA TAU OMEGA		Employer Identification Number 45-0103240	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	86,754
Exempt Purpose Achievements			

THIS YEAR WE PROVIDED SUPPORT TO OUR MEMBERS ALONG WITH HOUSING, LEADERSHIP OPPORTUNITIES, AND BROTHERHOOD.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
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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 203 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 2009 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 NORTH

U S Address

Zip code 58102 City Fargo State ND

Foreign Address

City

Province or State

Country

Postal code

Phone Number (701) 412-5763

Fax Number

2009 DETAIL STATEMENTS

ALPHA TAU OMEGA
45-0103240

Page 1

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

BUSINESS SUPPLIES.....	556
POSTAGE.....	65

TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	621
-------------------------------------------	-----

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

HOUSE RENT.....	22,500
EXCEL ENERGY.....	10,886
CABLE ONE.....	4,439
QWEST.....	376
CITY OF FARGO.....	3,810
REPAIR AND MAINTENANCE.....	1,714
SNOWBLOWER.....	240
LAWNMOWER.....	268
FOOD.....	20,022
FIRE EQUIPMENT.....	415
HOUSE SUPPLIES.....	1,074

TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	65,744
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