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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

Open to Public Inspection

Department 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 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.

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 2010

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

C Name of organization
Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
409 West 8th Street
 City or town, state or country, and ZIP + 4
Hays, KS 67601

D Employer identification number
48 0666300

E Telephone number
785-625-3747

F Group Exemption Number ▶ **0416**

• 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) ▶

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

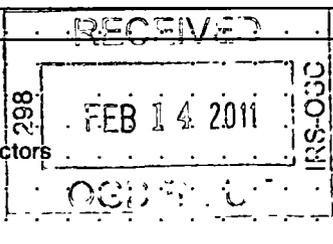
I Website: ▶

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 ▶ \$ **68,831**

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	2,066
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	65,827
	4 Investment income	4	159
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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 \$ <u>2,066</u> of contributions reported on line 1)	6a	779
	b Less: direct expenses other than fundraising expenses	6b	286
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	493	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,545	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	2,650
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	1,633
	14 Occupancy, rent, utilities, and maintenance	14	39,326
	15 Printing, publications, postage, and shipping	15	275
	16 Other expenses (describe ▶ (schedule))	16	21,913
	17 Total expenses. Add lines 10 through 16	17	65,798
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,747	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,799
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,546



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	35,231	22 37,546
23 Land and buildings	0	23 0
24 Other assets (describe ▶)	0	24 0
25 Total assets	35,231	25 37,546
26 Total liabilities (describe ▶)	432	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,799	27 37,546

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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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		✓
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?		✓
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?		✓
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 2033		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ na ; section 4912 ▶ na ; section 4955 ▶ na		
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		✓
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 ▶ na		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ na		
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		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Kathie Taylor Telephone no. ▶ 785-625-3747 Located at ▶ 2307 Plum Street, Hays, KS 67601 ZIP + 4 ▶ 67601		
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)?	Yes	No
42b	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.? 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		✓
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		✓

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.

- | | | 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 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 a section 527 organization? | 49b | | |
- 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

d 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

▶ Kathie Taylor 02-8-2011
 Signature of officer Date

▶ Kathie Taylor, Chapter Advisor/Finance Advisor
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

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



SCHEDULE

For attachment to Form 990-EZ, Page 1, Part I, Line 6

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
Same as Form 990-EZ, Page 1, Item C

Employer Identification Number (TIN) 48-0666300

NAME OF EVENT	AMOUNT RECEIVED	
1. Octoberfest funnel cakes, popcorn balls, water & caramel apples	Line 1:	\$ 8.50 (contributions)
	Line 6a left:	0 (contributions included in Line 1)
	Line 6a right:	\$ 779.00 (gross proceeds)
	Line 6b:	\$ 286.00 (expenses)
	Line 6c:	\$ 493.00 (net proceeds)
	Line 10:	\$ 8.50 (contributions)
	2. Theme Basket sales	Line 1:
Line 6a left:		0
Line 6a right:		0
Line 6b:		0
Line 6c:		0
Line 10:		\$ 225.00
3. Trick-or-Treat for the Foundation	Line 1:	\$1832.00
	Line 6a left:	0
	Line 6a right:	0
	Line 6b:	0
	Line 6c:	0
	Line 10:	\$1832.00
Line 1:	\$2065.50	
Line 6a left:	0	
Line 6a right:	\$ 779.00	
Line 6b:	\$ 286.00	
Line 6c:	\$ 493.00	
Line 10:	\$2065.50	

SCHEDULE

For attachment to Form 990-EZ, Page 1, Part I, Line 10

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
Same as Form 990-EZ, Page 1, Item C

Employer Identification Number (TIN) 48-0666300

GRANTS AND ALLOCATIONS:

CASH:

Alpha Gamma Delta Foundation.....\$2,650.22

SCHEDULE

For attachment to form 990-EZ, Page 1, Part I, Line 16:

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
Same as Form 990-EZ, Page 1, Item C.

Employer Identification Number (TIN) 48 0666300

Other Expenses:

Membership	8564
Reimbursed items	1200
Office Supplies	1483
Conventions	2993
Social & Recruiting	2380
Miscellaneous	5293
Total Other Expenses	21913

SCHEDULE

For attachment to Form 990-EZ, Page 2, Part III

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
Same as Form 990-EZ, Page 1, Item C

Employer Identification Number (TIN) 48-0666300

Educational, charitable and social purposes and no net earnings inure to an individual or private shareholder.