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Form 9

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2009
Open to Public Inspection

OMB No 1545-0047

/01/09 08/31/10 For the 2009 calendar year, or tax year beginning and ending ALPHA GAMMA RHO FRATERNITY Check if applicable⁴ Please C Name of organization Employer identification number use IRS BETA EPSILON CHAPTER Address change label or 23-7321941 print or Doing Business As Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 573-785-5891 217 N BROADWAY Specific Termination 109,395 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc POPLAR BLUFF MO 63901 tions. Amended return H(a) Is this a group return for F Name and address of principal officer Application pending X No affiliates? Yes H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status N/A H(c) Group exemption number ► 0339 Website: ▶ Type of organization X Corporation Other > Year of formation M State of legal domicile Trust Association Part i Summary Briefly describe the organization's mission or most significant activities MINED JUL 1 9 2011 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 8 Contributions and grants (Part VIII, line 1h) 196,077 109,354 Program service revenue (Part VIII, line 2g) 69 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196,146 109,395 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,289 111,866 RECEIVED 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 189,289 111,866 18 Total expenses Add lines 13–17 (must equal Part IX, column_t(A), line-25) SC -2,471 6,857 Revenue less expenses Subtract line 18 from line 12 JUL 1 2 2011 Beginning of Current Year End of Year SS-S 674,856 701,918 20 Total assets (Part X, line 16) 671,225 646,634 21 Total liabilities (Part X, line 26) OGDEN. UT 28,222 30,693 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of percent and to the best of my knowledge and complete Declaration of preparer (other than officer) is based on all information of which preparer has any Sign Here Date mature σ NAC Type or print name and title Preparer's identifying number Check if (see instructions) Paid signature 07/07/11 employed > Preparer's FIN D Firm's name (or yours **Use Only** Phone if self-employed). address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)

	990 (2009) ALPHA GA	MMA KHO FRATERI Program Service Accor		23-7321941	Page 2
1	Briefly describe the organizati		признитента		
	·				
2	the pnor Form 990 or 990-EZ	?	ces during the year which were	not listed on	Yes X No
3	services?	onducting, or make significant o	changes in how it conducts, any	program	Yes X No
4	Section 501(c)(3) and 501(c)(e achievements for each of the (4) organizations and section 4	organization's three largest pro	report the amount of grants a	nd
	allocations to others, the total	expenses, and revenue, if any	, for each program service repo		
4a	(Code) (Expense	es \$	including grants of \$) (Reve	nue \$)
4b	(Code) (Expense	es \$	including grants of \$) (Reve	nue \$
4c	(Code) (Expense	es \$	including grants of \$) (Reve	nue \$
4d	Other program services (De) (Days - 2	
4e	(Expenses \$ Total program service expe	including grants enses ▶	501 \$) (Revenue \$	
					Form 990 (2009)

Pa	int IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
7	Schedule C, Part II	4		
		-	-	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	-	 	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			x
_	complete Schedule D, Part I	6	├──	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	 	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	- 1		
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			l
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			I
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX			l
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			l
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			İ
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12		X
12A	, , , , , , , , , , , , , , , , , , ,	0		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u></u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			ļ
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	$oxed{oxed}$	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>L</u> .	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	!	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┡
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	
b				
	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	25b	ļ <u> </u>	-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	\
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			x
	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ŀ		Ī
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	1	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	ĺ	x
	Schedule L, Part IV	200	 	-
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c	1	x
20	Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 th horizontal contributions of art, historical treasures, or other similar assets, or qualified	120	<u> </u>	
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		†	<u> </u>
J 1	Part I	31	İ	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1_
	102 Note: All Form 900 filers are required to complete Schedule O	38	1	X

Pd	it v Statements Regarding Other IRS Fillings and Tax Compliance				
			F	es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1	
	U.S. Information Returns. Enter -0- if not applicable	1a	1	I	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1	-	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able	1.	ŧ	x
٥-	gaming (gambling) winnings to prize winners?	1	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a		1	
_	Statements, filed for the calendar year ending with or within the year covered by this return	Za	2b	ŧ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		20	+	
	instructions)			I	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,		I	
Ja	this return?		3a	ŧ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority	-		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country			1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k		I	
	and Financial Accounts			ł	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	I	<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding				
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a	_	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or	1 1		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	fs		ŧ	
	and services provided to the payor?		7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	\dashv	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
	required to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	I	
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onai	7-	ŧ	
	benefit contract?		7e 7f	\dashv	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7g		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		' '		
h	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			\dashv	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1	
	organization, have excess business holdings at any time during the year?		8	Į	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1 1	I	
11	Section 501(c)(12) organizations. Enter	1 1		I	
а	Gross income from members or shareholders	11a	1 1	I	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			I	
	amounts due or received from them)	11b	1. 1	ŧ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	12a	<u></u>	
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Form	1	
			Form 3	ッフ ひ ((2009)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a 1a Enter the number of voting members of the governing body 1b b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Яa The governing body? X 8b b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20

217 N BROADWAY

MO 63901

573-785-5891

organization >

POPLAR BLUFF

RONALD ANTHONY CPA

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization (A)	(B)	l		(0	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	or director		Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
PAUL POAG	F 00										
CO-PRES_	5.00	 	<u> </u>	X	<u> </u>	<u> </u>	 	0	0	0	
WILLIAM HUTCHINS VP FINANCE	5.00			x				o	o	0	
WARREN WEATHERLY						1				-	
CO-PRES	5.00			x	1		İ	0	0	0	
JOSH NEELY											
V-PRES	5.00		<u>L</u>	X		<u> </u>		0	0	0	
JUSTIN SHRABLE									_	_	
HOUSE MANAGE	5.00	<u> </u>	ļ	X	$ldsymbol{f eta}$		╙	0	0	0	
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week Page P	·		Average	Pos	ition (hat ap	ply)	Reportable	Reportable	Est	mated	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves				Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization and related		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves														
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves						_								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Ves														
reportable compensation from the organization ▶ 0 Yes			cluding but not lin	nited	to th	ose	liste	d abo	-	who received more than \$1	00,000 in	l		
employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation													Yes	No
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation (C) Compens		employee on line 1a? If "Yes," For any individual listed on line	complete Schedue 1a, is the sum o	ıle J f rep	for s ortat	uch i	indiv ompe	idual ensat	ion :	and other compensation from	m	3		x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation (B) Description of services Compensation	5	individual Did any person listed on line 1:	a receive or accri	ue co	mpe	ensat	ion f	rom :	any	unrelated organization for	uch			X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) (C) (C) (Description of services (C) (Description of services (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services) (Description of services)	Sec			com	piete	Sch	eau	e J to	or su	ıcn person				<u> </u>
		Complete this table for your fiv compensation from the organization	e highest compe zation	nsate	ed in	depe	nde	nt co	ntrac					
		Name and	(A) I business address						\vdash	Descrip	(B) otion of services		Compens	ation
									<u> </u>					
									-					·
· ·														
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ DAA Form 990		-						l to th	ose	listed above) who received				0 (2000)

Pa	rt VI	I Statement of Reve	nue					·
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 9	1a	Federated campaigns	1a			10101100		012, 010, 01014
li di		Membership dues	1b		1			
PE		Fundraising events	1c					
Ta E		-	1d		1			
호를		Related organizations	1					
Sis	9	Government grants (contributions)	1e					
PE.	T	All other contributions, gifts, grants, and similar amounts not included above	46		#			
			1f		#			
and	g	Noncash contributions included in lines 1a-	1f \$		1			
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f		-				
ng [_			Busn. Code	109,354	109,354		
S	2a	MEMBERSHIP DUES			109,354	109,354		
ا <u>چو</u>	b							
ξ	C							
လ္မွ	d			<u> </u>	··-	 .		
ra	9							
g	f	All other program service rever	nue	<u> </u>	100 254			
-	g	Total. Add lines 2a–2f		•	109,354			
	3	Investment income (including d	lividends, intere	est, and	ا د م	41		
		other similar amounts)		P -	41	41		
	4	Income from investment of tax-	exempt bond p	proceeds -		-		
	5	Royalties		P				
		(ı) Real	(11) Personal	Ī			
	6a	Gross Rents			[
	þ	Less rental exps			1			
	С	Rental inc or (loss)			†	1		
	d 7a	Net rental income or (loss) Gross amount from (i) Securition		() () ()				
	, ,	sales of assets (i) Securities	s ·	(II) Other	1			
		other than inventory			ł			
	þ	Less cost or other			1			
		basis & sales exps			1			
	C	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
e e	8a	Gross income from fundraising ever	nts	ĺ				
ent		(not including \$			1			
₹ev		of contributions reported on line 1c)			I			
Other Revenu		See Part IV, line 18	a		1			•
듇		Less direct expenses	b		Ī			ŧ
_		Net income or (loss) from fund	_					<u> </u>
	9a	Gross income from gaming activitie			, [I .
		See Part IV, line 19	a		1			.
		Less direct expenses	b		-			
		Net income or (loss) from game	ing activities	•	-			<u> </u>
	10a	Gross sales of inventory, less			1			1
		returns and allowances	a		1			
		Less cost of goods sold	b		1			ŧ
	<u> </u>	Net income or (loss) from sales		Busn. Code				<u> </u>
	44	Miscellaneous Revenue		Busii. Code	†			Ť
	11a			 				
	b			1				
	C	All ather access =					-	
	d	All other revenue		L				
	42	Total. Add lines 11a-11d	no	[]	109,395	109,395	0	0
_	12	Total Revenue. See instructio	115		109,393	109,393		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
7	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				· · . · . · . · . · . · . · . · .
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	41,316		41,316	
17	Travel			•••••	-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	47,000	·	47,000	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,550		23,550	····
23	Insurance				· ···
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	, , , , , , , , , , , , , , , , , , ,				
b					· ··.
c					
d					
9					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	111,866		111,866	
26	Joint costs. Check here ▶ If following		· · · · · · · · · · · · · · · · · ·		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

	it X	Balance Sheet			(A)		(B)
				1	Beginning of year		End of year
$\neg \top$	1	Cash—non-interest bearing			9,085	1	5,573
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tr	•				
		employees, and highest compensated employees Comp	į				
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined u					
		4958(f)(1)) and persons described in section 4958(c)(3)(E					
		Part II of Schedule L			6		
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or		[
- 1		other basis Complete Part VI of Schedule D	10a	787,038			
	b	Less accumulated depreciation	10b	117,755	692,833	10c	669,283
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
j	16	Total assets. Add lines 1 through 15 (must equal line 34))		701,918	16	674,856
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
-	19	Deferred revenue				19	
l	20	Tax-exempt bond liabilities				20	
န္မ	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key				
<u> </u>		employees, highest compensated employees, and disqua	alified				
<u>"</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties	ļ		23	
İ	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities Complete Part X of Schedule D			671,225	25	646,634
_	26_	Total liabilities. Add lines 17 through 25			671,225	26	646,634
Sa		Organizations that follow SFAS 117, check here ▶ ☐	and				
Balances		complete lines 27 through 29, and lines 33 and 34.					
ala la	27	Unrestricted net assets		-		27	
	28	Temporarily restricted net assets		1	 	28	
밀	29	Permanently restricted net assets	. (===			29	
교		Organizations that do not follow SFAS 117, check he	re ▶ X				
Net Assets or Fund		and complete lines 30 through 34.					
छ	30	Capital stock or trust principal, or current funds		ļ.		30	-
šse	31	Paid-in or capital surplus, or land, building, or equipment		}	20 (00	31	00 000
AS	32	Retained earnings, endowment, accumulated income, or	other funds	}	30,693		28,222
<u>e</u>	33	Total net assets or fund balances		-	30,693		28,222
	34	Total liabilities and net assets/fund balances			701,918	34	674,856

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

SCHEDULE D (Form 990)

Department of the Treasury. Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization ALPHA GAMMA RHO FRATERNITY 23-7321941 BETA EPSILON CHAPTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

b it it's to obt(ii), are the related organization				
4 Describe in Part XIV the intended uses of t	he organization's endowment fun	ds		
Part VI Investments—Land, Bu	ildings, and Equipment.	See Form 990, Part X,	line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		787,038	117,755	669,283
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, column	(B), line 10(c))	▶	669,283

Schedule D (Form 990) 2009

	orm 990) 2009 ALPHA GAMMA RHO FRATE		23-7321941	Page 3
Part VII	Investments—Other Securities. See Form 99			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
inancial deriv	vatives			
	equity interests			
Other				
		-	<u>.</u> »-	
		-		
		- }		
Fotal (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)	.		
Part VIII	Investments—Program Related. See Form 9			
1 404 7101	(a) Description of investment type	(b) Book value	(c) Method of valuation	n
			Cost or end-of-year market	value
·.				
			-	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X, line 15			
	(a) Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
		·		
		······································		•
			, , , , , , , , , , , , , , , , , , , ,	
	nn (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>		
Part X	Other Liabilities. See Form 990, Part X, line			
<u>1</u>	(a) Description of liability	(b) Amount		
Federal incon	ne taxes AGE LOAN	646,634		
MOKIG	NGE LONI	040,034		
				

646,634

•

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

-	tule D (Form 990) 2009 ALPHA GAMMA RHO FRATERNITY	23-73219		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stater	ments With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7	
	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	Return	1
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
С	Other losses	2c	7]
d	Other (Describe in Part XIV)	2d	7	
8	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7]
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	ines 1a and 4, Part IV, lines 1b		
-	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, I			
	art to provide any additional information			
•				
				·
				. – – – – –
			_	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

ALPHA GAMMA RHO FRATERNITY BETA EPSILON CHAPTER

Employer identification number 23-7321941

Form 990, Part III, Line 4d - All Other Achievements
DEPRECIATION

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

▶ See separate instructions

► Attach to your tax return.

Attachment Sequence No

ALPHA GAMMA RHO FRATERNITY Identifying number Name(s) shown on return BETA EPSILON CHAPTER 23-7321941 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 23,550 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions) Part III Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use (a) Classification of property period only-see instructions) service 3-year property 19a h 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property MM S/L Residential rental 27 5 yrs property ММ S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L мм S/L 40 yrs 40-year Summary (See instructions.) Part IV 21 21 Listed property Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 23,550 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23

23