

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$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 requirement

OMB No. 1545-1150

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A			lendar year, or tax year beginning , 2010, and ending		, 20				
B Check i		eck if ilicable	C Name of organization			D Emplo	yer Ide	ntification number	
Γ	Add	dress change ALPHA TAU OMEGA			·	45-0103240			
Γ	Nan				E Teleph	phone number			
r	Initi	al retur	•		June				
r	┥	Terminated 1155 12TH AVENUE NORTH					(70	1)412-5763	
卜	1 _{Am}				F Group				
F							▶0278		
G							zation is not required		
	······································				_	3 (Form 990, 990-EZ,			
	Tax-exempt status (check only one) 501(c)(3) X 501(c)(7) ◀ (insert no.) 4947(a)(1) or 527 or 990-PF).				ioddio i	5 (1 01111 000, 000 LL)			
_	K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A					ore than \$50,000. A			
			-EZ or Form 990 return is not required though Form 990-N (e-postcard) i	_	•		•		
		chooses to file a return, be sure to file a complete return.							
Ē		Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or							
			sets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 99				s	88,881	
Γ	Par		Revenue, Expenses, and Changes in Net Assets or Fu					,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
£	7 77.5	**	Check if the organization used Schedule O to respond to any question in						
_		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	80,929	
		4	Investment income				4	15	
		5a	Gross amount from sale of assets other than inventory	5a					
		ь	Less: cost or other basis and sales expenses	5b		-	1 1		
	ь.	"	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from the sale of as		a)	-	5c		
	Ë	6	Gaming and fundraising events	J II O	٠,				
	REVEN	1	Gross income from gaming (attach Schedule G if greater than						
	Ñ	_	\$15,000)	6a					
	Ĕ	h	Gross income from fundraising events (not including \$		f contributi	กทร	1 1		
		-	from fundraising events reported on line 1) (attach Schedule G if the	~	, commodu	O I IO			
			sum of such gross income and contributions exceed \$15,000)	6b		7,937			
		٦	Less: direct expenses from gaming and fundraising events	6c		500	1 1		
_		d			d eubtract	300	1 1		
?		_	line 6c)				6d	7,437	
֡֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֓		72	Gross sales of inventory, less returns and allowances	7a			100	7,437	
1			Less: cost of goods sold	7b			1 1		
•			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a				7c		
		l s	Other revenue (describe in Schedule O)	·y			8		
		9					9	88,381	
-		10	Grants and similar amounts paid (list in Schedule O)			===	10	00,001	
	_	11 Populity part to ay for members				1	11	•	
	X	12	Salaries, other compensation, and employee benefits		· · · · · · · · · · · · · · · · · · ·	70	12		
	P	13	Professional fees and other payments to independent contractors A	 വൈദരം		Sol	13		
	Ņ	14	Occupancy rent utilities and maintenance	FW 3 7	2. ZA11	[5]	14	30,939	
	EXPERSES	15	Occupancy, rent, utilities, and maintenance		· · · · · · · · · · · · · · · · · · ·	j*_j	15	351	
	S	16	Printing, publications, postage, and shipping	306	M. O.	1 1	16	51,504	
		17	Total expenses. Add lines 10 through 16				17	82,794	
-		18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	5,587	
Ē	A	19	Net assets or fund balances at beginning of year (from line 27, column (A					3,00,	
	Š		end-of-year figure reported on prior year's return)				19	11,131_	
	ASSETS	20	Other changes in net assets or fund balances (explain in Schedule O)				20		
	\$	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	16,718	
			or raine makenood at one or your combine into to through 20		<u></u>			,	

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2010)

10 990EZ1

JVA

TWF 41823

JVA

	990-EZ (2010) ALPHA TAU OMEGA 45-0103240		Р	age :
Par	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			. [
-			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			_
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	<u> </u>	-	
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	•	1	t
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		х
h			 	X
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	-	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			٦,
	the year? If "Yes," complete applicable parts of Schedule N	36	ļ	X
_	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its	İ	1	Ī
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·		400	1	┰
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE	40e	l	L X
41				
42a	The organization's books are in care of ▶ See attachment #3 Telephone no. ▶			
	Located at ► ZIP + 4 ►	-		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_ <u> </u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	
	account)?	42b		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.?	42c		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			_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	1 1	х
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	ļ	 	
-	of Form 990-EZ	44b	1	х
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in	-	<u> </u>	<u> </u>
•				v
	Schedule O	44d		X

Is any related-organization a controlled entity of the organization within the meaning of section 512(b)(13)?. At a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-E2 (see instructions). At a Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 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 47-49b and 52, and con the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. If Yes," Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. At a Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. At B If "Yes," was the related organization a section 527 organization? At a If Yes," was the related organization as section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes," was the related organization is section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes, "was the related organization is section 527 organization? At a If Yes, "complete Schedule C, Part II. At a If Yes, "complete Schedule C, Part II. At a If Yes, "complete Schedule C, Part II. At a If Yes, "complete Schedule C, Part II. At a If Yes, "complete Schedule C, Part II. At a If Yes, "complete Schedule C, Part II. At a If Yes, "comp	es N y y y y y y y nse nnd
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions). Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All se 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and con the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Part VI Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 17 Did the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 18 Is the organization make any transfers to an exempt non-chantable related organization? 19 Did the organization make any transfers to an exempt non-chantable related organization? 29 Did the organization make any transfers to an exempt non-chantable related organization? 20 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employ 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 hours per week devoted to position of the organization of the org	es N yees)
the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	es N y y y y y y y y y y y y y
Form 990-EZ (see instructions)	es N y y y y y y y y y y y y y
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paid more than \$100,000 hours per week devoted to position deferred compensation other allowar	ınd
Governous positions of the desired compensation of the different way	ances
JNE.	
	
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	ation
l l	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)	
Did the organization complete Schedule A? Note : All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	∏ No
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	of mv
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	of mv
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Description of perjury, 1 declare that have examined this return, including accompanying schedules and statements, and to the best of owledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which prepare when the property is possible to the property of	of mv
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A der penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of powed and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) APPLY APPLY JOHN PETERSON TREASURER Type or print name and title	of mv
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A	of my arer ha
nonexempt charitable trusts must attach a completed Schedule A	of my earer ha
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Description of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of power of the perjury o	of my earer ha
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A der penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of owledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer is part of officer. TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature	of my earer ha

SCHEDULE O (Form 990 pr 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ALPHA TAU OMEGA

Employer identification number

45-0103240

We have no more information to provide.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending

Name of Organization 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.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV Open to Public Inspection For calendar year 2010 or tax period beginning and ending Name of Organization **Employer Identification Number** ALPHA TAU OMEGA 45-0103240 (A) Name and Address (B) Title and Average (E) Expense Account (C) Compensation (If (D) Cont. to Employee Hrs. per Week not paid, enter 0) Ben. Plans & Def. Comp. & Other Allowances RYAN ANDERSON PRESIDENT 1229 EDGERTON ST 10.00 Saint Paul, MN 55130 0 0 0 JOEY PAULUS VICE 2009 ASSUMPTION DR PRESIDENT Bismarck, ND 58501 10.00 0 JOHN PETERSON TREASURER 3301 BORDOE ST M 10.00 Fargo, ND 58102 CORY KIEMELE SCRIBE 1505 N UNIVERSITY DR APT 10.00 Farqo, ND 58102 JESSE BRINSTEINER HOUSE MANAGER 5930 LARIAT DR 10.00 Bismarck, ND 58503

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ	Page 3, Part V, L	ine 42a		
Open to Public		·		
Inspection For calendar year 20	10 or tax period beginning	, and	lending	•
Name of Organization			Employer i	dentification Number
			45-010	3240
Part V - Line 42a				
Individual Name		JOHN PETERS	SON	· · · · · · · · · · · · · · · · · · ·
Business Name:				
			2 - 7 2. W. 2.	
Street Address		1155 12TH A	AVENUE NORT	Н
				
U.S. Address:				
Zip code <u>58102</u>	Cnty Fargo		State ND	
or Foreign Address				
Crty				
Province or State		···	`	
Country				·····
Postal code			····· _	
Phone Number			<u>(</u>	701)412-5763
Fax Number			····· –	

2010 DETAIL STATEMENTS

- ALPHA TAU OMEGA 45-0103240

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ I	PG 1 Line	15)
·Business Supplies	351	
TOTAL CARRIED TO 990 EZ PG 1 Line 15		351
STATEMENT #2 - Occupancy, Rent, Utilities (990-EZ PG 1	Line 14)	
Rent City of Fargo Qwest Excel Energy CableOne Repairs and Maintenance. Fire Alarm Service City of Fargo License. TOTAL CARRIED TO 990-EZ PG 1 Line 14	11,000 4,835 388 9,172 3,475 1,565 364 140	30,939
STATEMENT #3 - () Venue Rent Social Food Supplies Retreat Bus Rental.	4,451 2,098 23,058 2,199 417 1,405	
DJ Bank Charges National Fraternity Supplies Composite National Fraternity Dues Promotion Intra Fraternity Council Greek Bill Charitable Donation to Nokomis Child Care Ce	1,405 850 60 524 1,127 2,860 1,433 335 1,960 8,727	
TOTAL CARRIED TO		51,504

JVA