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

P 74 ~~scribbled out~~

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	11,131	22	16,718
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	11,131	25	16,718
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,131	27	16,718

Check if the organization used Schedule O to respond to any question in this Part III

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V 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	No
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		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)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		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. ▶ 37a		
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 tax year covered by this return?		X
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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 #3 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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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: ▶		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
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-EZ (see instructions)	45a	X
46 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	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

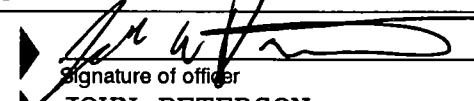
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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. . . ▶

52 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. ☒ Yes ☐ No

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  **JOHN PETERSON** **TREASURER** **20 APR 11**
Signature of officer Date
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Nancy Heedoba	Nancy M Heedoba	4/16/2011		P00383190
	Firm's name ▶ H&R Block	Firm's EIN ▶ 27-3153274	Phone no. 701-271-8312		

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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 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.

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
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Name of Organization ALPHA TAU OMEGA	Employer Identification Number 45-0103240
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(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 BORDOE ST M Fargo, ND 58102	TREASURER 10.00	0	0	0
CORY KIEMELE 1505 N UNIVERSITY DR APT 3 Fargo, ND 58102	SCRIBE 10.00	0	0	0
JESSE BRINSTEINER 5930 LARIAT DR Bismarck, ND 58503	HOUSE MANAGER 10.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 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 AVENUE NORTH**

U.S. Address:

Zip code **58102** City **Fargo** State **ND**
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number **(701) 412-5763**

Fax Number

2010 DETAIL STATEMENTS

- ALPHA TAU OMEGA
45-0103240

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ 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.....	11,000
City of Fargo.....	4,835
Qwest.....	388
Excel Energy.....	9,172
CableOne.....	3,475
Repairs and Maintenance.....	1,565
Fire Alarm Service.....	364
City of Fargo License.....	140
TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	30,939

STATEMENT #3 - ()

Venue Rent.....	4,451
Social.....	2,098
Food.....	23,058
Supplies.....	2,199
Retreat.....	417
Bus Rental.....	1,405
DJ.....	850
Bank Charges.....	60
National Fraternity Supplies.....	524
Composite.....	1,127
National Fraternity Dues.....	2,860
Promotion.....	1,433
Intra Fraternity Council.....	335
Greek Bill.....	1,960
Charitable Donation to Nokomis Child Care Ce...	8,727
TOTAL CARRIED TO	51,504