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

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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 requirements.

A For the 2010 calendar year, or tax year beginning <u>3/1/2010</u> , and ending <u>2/28/2011</u>									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td>C Name of organization Alpha Kappa Mu Honor Society, Inc</td> <td>D Employer identification number 59-6159481</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) 324 Enterprise Lane</td> <td>Room/suite</td> </tr> <tr> <td>City or town Albany</td> <td>state or country GA</td> </tr> <tr> <td></td> <td>ZIP + 4 31705</td> </tr> </table>	C Name of organization Alpha Kappa Mu Honor Society, Inc	D Employer identification number 59-6159481	Number and street (or P.O. box, if mail is not delivered to street address) 324 Enterprise Lane	Room/suite	City or town Albany	state or country GA		ZIP + 4 31705
C Name of organization Alpha Kappa Mu Honor Society, Inc	D Employer identification number 59-6159481								
Number and street (or P.O. box, if mail is not delivered to street address) 324 Enterprise Lane	Room/suite								
City or town Albany	state or country GA								
	ZIP + 4 31705								
G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____	E Telephone number								
I Website: _____	F Group Exemption Number ►								
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (<u>7</u>) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)								
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 Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.									

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 54,906**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	50,496
	4 Investment income	4	86
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	2,478	
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,478	
8 Other revenue (describe in Schedule O)	8	1,846	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,906	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	12,480
	11 Benefits paid to or for members	11	13,732
	12 Salaries, other compensation, and employee benefits	12	10,000
	13 Professional fees and other payments to independent contractors	13	2,140
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,081
	16 Other expenses (describe in Schedule O)	16	3,928
	17 Total expenses. Add lines 10 through 16	17	44,361
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,545	
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	67,522
	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	78,067

Part II Balance Sheets. (see the instructions for Part II.)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	52,203	22 59,145
23 Land and buildings		23
24 Other assets (describe in Schedule O)	15,319	24 18,923
25 Total assets	67,522	25 78,068
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,522	27 78,068

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

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

What is the organization's primary exempt purpose? To honor academic achievers

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, and other relevant information for each program title

28 Scholarships		
(Grants \$ 2,000) If this amount includes foreign grants, check here ☐	28a	2,000
29 Conventions		
(Grants \$ 7,087) If this amount includes foreign grants, check here ☐	29a	7,087
30 Certificates		
(Grants \$ 3,393) If this amount includes foreign grants, check here ☐	30a	3,393
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	12,480

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dr. Ann Harris P O. Box 29 Jefferson City MO 65102	Title CEO Hr/WK As Needed	0		
Dr. Mollie Brown 324 Enterprise Drive Albany GA 31705	Title Sec. Hr/WK As Needed	10,000		
Dr. Ann W. Morris 101 Longwood Lane Greenwood SC 29646	Title Conv. Sec. Hr/WK As Needed	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

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
37 a 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
38 a 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		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
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 40b		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed. GA		
42 a The organization's books are in care of Mollie Brown Telephone no. (229) 888-1144 Located at 324 Enterprise Drive City Albany ST GA ZIP + 4 31705		
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)? 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 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		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 44d		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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 may need to be completed instead of Form 990-EZ.
- 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.

	Yes	No
45		X
45a		X
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 ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
47		
48		
49a		
49b		

(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
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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 *Mollie B. Brown* Signature of officer Date *12-06-11*
Mollie B. Brown - Secretary - Treasurer Type or print name and title

Paid Preparer's Use Only
 Preparer's name William E Cooling Preparer's signature *William E Cooling* Date 10/24/2011 Check if self-employed ☒ PTIN P00876372
 Firm's name Sculley, Ladson, & Cooling, LLC Firm's EIN 20-4042366
 Firm's address 2903 Pointe North Ct., Albany, GA 31721 Phone no (229) 888-1144

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
Name of the organization

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**

Alpha Kappa Mu Honor Society, Inc.

Employer identification number
59-6159481

Form 990-EZ Part I, Line 8: Other income consists of late fees and replacement membership cards.

Form 990-EZ Part I, Line 10: Grants and other similar amounts are as follows:

Scholarships. \$2,000

Form 990-EZ Part II, Line 24: Other Assets

Beginning of Year

End of Year

Inventory \$15,319

\$18,923

Name of the organization

Employer identification number

Alpha Kappa Mu Honor Society, Inc.

59-6159481

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	86
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	86