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Short Form Return of Organization Exempt From Income Tax

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, 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 July, 2010, and ending June 30, 20 11

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

C Name of organization
Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
409 West 8th Street

City or town, state or country, and ZIP + 4
Hays, KS 67601

D Employer identification number
48-0666300

E Telephone number
785-625-3747

F Group Exemption Number ▶ **0416**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

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

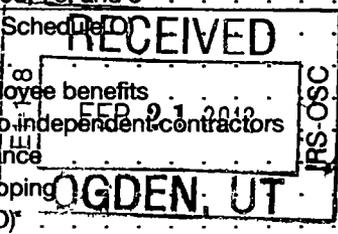
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-F7 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 ▶ \$ **79,447**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	Benefits paid to or for members	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)
3	Membership dues and assessments	3	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶
5a	Gross amount from sale of assets other than inventory	5a	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	5b	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	6	Total expenses. Add lines 10 through 16 ▶		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ 2279 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			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9			
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16			
17	Total expenses. Add lines 10 through 16 ▶	17			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
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			
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			



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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. []

Table with columns for question numbers (33-44d), descriptions, and Yes/No checkboxes. Includes questions about IRS reporting, significant changes, income reporting, political expenditures, loans, and donor advised funds.

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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 (see instructions)		
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		

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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	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."

(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

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

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

I, under penalties of perjury, 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
 Signature of officer: Kathie Taylor
 Date: 2-15-12
 Type or print name and title: Kathie Taylor, Chapter Advisor/Finance Advisor

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

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

SCHEDULE

For attachment to Form 990-EZ, Part I, Line 6
Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
Employer Identification Number (TIN) 48-0666300

NAME OF EVENT	AMOUNT RECEIVED	
1. Octoberfest necklaces and Pretzels	Line 1:	\$ 56.00 (contributions)
	Line 6a left:	0 (contributions inc. in Line 1)
	Line 6a right:	\$578.00 (gross proceeds)
	Line 6b:	\$193.00 (expenses)
	Line 6c:	\$385.00 (net proceeds)
	Line 10:	\$ 56.00 (contributions)
2. Theme Baskets Sales	Line 1:	\$200.00
	Line 6a left:	0
	Line 6a right:	0
	Line 6b:	0
	Line 6c:	0
	Line 10:	\$200.00
3 Trick-or-Treat for the Foundation	Line 1:	\$1965.00
	Line 6a left:	0
	Line 6a right:	0
	Line 6b:	0
	Line 6c:	0
	Line 10:	\$1965.00
4. Set up for Encore Productions	Line 1:	\$ 58.00
	Line 6a left:	0
	Line 6a right:	0
	Line 6b:	0
	Line 6c:	0
	Line 10:	\$ 58.00
Line 1:	\$2279.00	
Line 6a left:	0	
Line 6a right:	\$ 578.00	
Line 6b:	\$ 193.00	
Line 6c:	\$ 385.00	
Line 10:	\$2279.00	

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

CASH:

Alpha Gamma Delta Foundation.....\$2655.00

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Same as Form 990-EZ, Page 1, Item C.

Employer Identification Number (TIN) 48-0666300

Other Expenses:

Membership	16021
Reimbursed items	1042
Office Supplies	1706
Conventions	1614
Social & Recruiting	1821
Miscellaneous	3437
Total Other Expenses	25641

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

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