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SCANNED JUN 2 2 2012

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)

OMB No 1545-0047

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

Open to Public Inspection

A F	orthe	2010 calendar year, or tax year beginning $$	ending J	<u>JUN 30, </u>	2011	·		
Вс	heck if pplicable	C Name of organization ALPHA TAU OMEGA		D Employer	identific	ation number		
Address Change BETA DELTA CHAPTER								
	Name change	Doing Business As			63-00	007530		
	Initial retum		Room/suite	E Telephone				
	Termin- ated	PO BOX 1880			(205)			
<u> </u>	Amendo	City or town, state or country, and ZIP + 4		G Gross receipts	s \$	1342796.		
L_	Applica tion pending	105cH005A, Al 35403-1000		H(a) Is this a	group re			
	penani	F Name and address of principal officer: ROBERT WILLIS		for affilia		Yes X No		
		SAME AS C ABOVE		H(b) Are all aff				
		mpt status501(c)(3)X501(c)(7) ◀(Insert no) 4947(a)(1) o	or 527			list. (see instructions)		
		HTTP://BAMA.UA.EDU/=UAATO/				number ▶ 0287		
		organization Corporation Trust X Association Other	L Year	of formation 1	882 W	State of legal domicile AL		
Pa		Summary	T DD	MEDNITMY				
e	1 8	Briefly describe the organization's mission or most significant activities. SOCIA	AL PRA	ATERNITY				
Activities & Governance	-					· · · · · · · · · · · · · · · · · · ·		
Jer.		Check this box If the organization discontinued its operations or dispos	sed of more	e than 25% of r	1 1			
<u>်</u>		lumber of voting members of the governing body (Part VI, line 1a)			3	10		
ಷ		lumber of independent voting members of the governing body (Part VI, line 1b)			4	<u>0</u> 7		
ties		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5			
Ξį		otal number of volunteers (estimate if necessary)			6	14783.		
Ä		otal unrelated business revenue from Part VIII, column (C), line 12			7a	14/83.		
	ρr	let unrelated business taxable income from Form 990-T, line 34	·	D: V	7b			
		>==4==================================		Prior Year	025.	Current Year 431176.		
Ë		Contributions and grants (Part VIII, line 1h)		····	060.	863118.		
Revenue		Program service revenue (Part VIII, line 2g)			246.	14741.		
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				0.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1227	0.	1309035.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1221	0.	0.		
	l	Grants and similar amounts paid (Part IX, column (A), lines 1·3)			0.	0.		
	1	Renefits paid to or for members (Part IX, column (A), line 4)		110	248.	108788.		
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		032.	157633.		
e	1	Professional fundraising fees (Part IX, column (A), fine 11e)	0.	140	032.	1370331		
Ĕ		Total fundraising expenses (Part IX, column (D), line 25)	 -	638	455.	539433.		
		Other expenses (Part IX, column (A), Injes ; (1a) 17d, 11f-24f) O otal expenses Add lines 13-17 (must equal Part IX) column (A), line 25)			735.	805854.		
	10	Revenue less expenses. Subtract line 18 from line 12	-		596.	503181.		
-Sa	ו פו	NATIONAL TO THE PROPERTY OF TH	R	eginning of Curre		End of Year		
als (20 7	otal assets (Part X, line 16)	5		432.	1371970.		
Ass	21	otal liabilities (Part X, line 26)			805.	178162.		
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20			627.	1193808.		
Pa	rt II	Signature Block	1					
		ties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the	best of my	knowledge and belief, it is		
		, and complete Declaration of preparer (other than officer) is based on all information of wh				•		
5-14-20/2								
Sign		Signature of officer		Date				
Her		NOBERT WILLIS, TREASURER						
		Type or print name and title						
		Print/Type preparer's name		Date	Check	PTIN		
Paid	ı	JOHN T. MURDOCK		5.14.12	self-employe	d		
Prep	arer	Firm's name GREEK RESOURCE SERVICES, INC.		Firm's	EIN 🛌			
		Firm's address P.O. BOX 1880						
		TUSCALOOSA, AL 35403-1880		Phon	eno (205 <u>)</u> 758–7754		
May	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No		
	01 02-22		ons.			Form 990 (2010)		

Pai	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: PROVIDE HOUSING, MEALS & SUPPORT FOR AN UNDERGRADUATE CHAPTER	OF A	
	NATIONAL COLLEGIATE SOCIAL FRATERNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	s X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Revenue \$	' AN)
	UNDERGRADUATE CHAPTER OF A NATIONAL COLLEGIATE SOCIAL FRATERNI		
		- -	
4b	(Code:) (Expenses \$		
40	CHAPTER ACTIVITIES - PROVIDED CHAPTER ACTIVITIES FOR UNDERGRAD CHAPTER OF NATIONAL COLLEGIATE SOCIAL FRATERNITY.	UATE	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>	Total program service expenses ▶	Form	990 (2010)

Part 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)?			x
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	Α.
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	lic office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	ring the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Revenue Procedure 98-19? 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	5		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_^_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		X
а	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			17
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.		X
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	Х	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ' '	 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
~	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	L	
			990	(2010)

BETA DELTA CHAPTER Part IV Checklist of Required Schedules (continued)

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, committee on Part IX (and III) and III and II		·		Yes	No
22 bit the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Part I and III! 23 bit 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, flustess, key employees, and highest compensated employees? If "Yes," complete Schedule Is asked of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If It "Yes," to line 25 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 Is If If I yes, "answer lines 24b through 24d and complete Schedule Is If I yes," organization maintain an escrow account other than a refunding escrow at any time during the year of the comparization and solid person during the year? If "Yes," complete Schedule Is Part I bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule Is Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule Is Part IV instruction, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule Is Part IV instruction or or provided a grant or other assistance to an officer, director, trustee, key employee, and a family member thereof) was an officer, director, trustee, key employee? If "Yes," complete Schedule Is Part IV instruction or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule Is Part IV in the Army Is Part Is It is a curren	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 2° II "Yes," complete Schedule I, Parts I and III 2 Did the organization assert "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 I, Part II I in the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 I, I' In'o," or to time 25 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Dd the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 5 Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25 Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in an excess baseful transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former efficer, director, furstee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part IV 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization as party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A Cameral of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A Cameral of which a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee. If "Yes," complete Schedule L, P		United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII, Section A, Inio 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 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 1 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 2 Did the organization as an 'no behalf of' issuer for bonds outstanding at any time during the year? 2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I If It is the organization has not been reported on any of the organization's pror Forms 990 or 930-EZ7 If "Yes," complete Schedule L, Part I If It is schedule L, Part I I	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 5 D Dd the organization mater an exercise and proceeds of tax-exempt bonds beyond a temporary period exception? 6 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 7 Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the year? If "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part I" "Yes," complete Schedule L, Part I" "Yes," complete Schedule L, Part I" "Yes," complete Schedule L, Part II" "Yes," complete Schedule R, Part I "Yes," complete Schedule R	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
240 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer ines 24b through 2d and complete Schedule K If 'No', go to line 25 b Did the organization minimation and scrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 256 Section 501c(3) and 501c(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, clirector, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, clirector, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule M in the parties of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul					
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Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the transaction and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I in the organization or or of the organization or on officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization or on officer, director, trustee, or on officer, director, trustee, expenditure, trustee, or expenditure, or expenditure, or expenditure, trustee, or expenditure, or expen	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization and section should be described by the organization and that the transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by the organization of the organization by the organization of the organization or stay year? If "Yes," complete Schedule I., Part II 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? If "Yes," complete Schedule I., Part IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV d the organization receive more than \$255.000 in non-assist contributions? If "Yes," complete Schedule II., Part IV d the organization organization organization organization and the organization related to any		•			٠,,
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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I I I St the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I. Part I I St be organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualfied person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I. Part IV I Schedule I. Part IV on 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? If "Yes," complete Schedule I. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (if If Yes," complete Schedule I. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (if If Yes," complete Schedule II, Part IV instructions of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was	_				_X
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 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," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	31		۱		_v
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	38				
Form 990 (2010)		Note. All Form 990 filers are required to complete Schedule O			<u> </u>
			Form	990 (2010)

t. chi	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	7		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	ļ		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	Х	<u> </u>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity	ıt		
	any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).	Ī		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and the partly as a contribution and	payor? 7a	L	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ŀ
	to file Form 8282?	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	8-C ² 7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	ļ		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar? 8	<u> </u>	<u> </u>
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	ļ	-
10	Section 501(c)(7) organizations. Enter:	41		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	•	0.		
11	Section 501(c)(12) organizations. Enter			
а				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	┼
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	┼
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-	\vdash	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	 	┼^
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	/204

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 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 1		Check if Schedule O contains a response to any question in this Part VI			X	
Section B. Policies (fine section B requests information about 1 the end of the tax year 10 10 10 10 10 10 10 1	Sec	· · · · · · · · · · · · · · · · · · ·				
1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1 b				Yes	No	
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year 10		****		
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B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 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 at the organization's mailing address? If "Yes," provide the names and addressase in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Ves No 10a Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Has the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b Does the organization have a written document retention and destruction policy? 13 X 15 Dut 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? 15b IV Tyes," has the organization have a written policy or procedure requiring the organization to evaluate its participation in joint ventrue arrangements under applicable federal tax law, and taken steps to safeguard the organization in in joint ventrue arrangements under applicable federal tax law, and taken steps to safeguard the organization in evaluate its participation in joint ventrue arrangements under applicable federal tax law, and taken steps to safeguard the organization in errors policy, and fin						
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taxable entity during the year? b 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 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 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ GREEK RESOURCE SERVICES, INC - (205) 758-7754 2118 8TH STREET TUSCALOOSA AL 35401	16-					
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public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☐ X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization: ☐ GREEK RESOURCE SERVICES, INC (205) 758-7754 ☐ 2118 8TH STREET TUSCALOOSA AL 35401	17					
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GREEK RESOURCE SERVICES, INC (205) 758-7754 2118 8TH STREET TUSCALOOSA AL 35401		·				
2118 8TH STREET TUSCALOOSA AL 35401	20		ation:			
	-	ZIIO OTH STREET TUSCALOUSA AL 33401	Earm	200	(2010)	

Form 990 (2010)

BETA DELTA CHAPTER

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

~ Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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.

(A)	(B)			(0)			(D)	(E)	(F)	
Name and Title	Average		Positio					Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule	nustee or director	hec satsut lenotrateul	Call		Highest compensated & de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
CARTER METZ				1							
PLEDGE TRAINER	2.00		ļ	Х			<u> </u>	0.	0.	0	
RYAN JONES											
HISTORIAN	2.00		<u> </u>	X		<u> </u>		0.	0.	0	
BENTON HODGES	2 00	ļ	ļ	,,						_	
SECRETARY	2.00	 	-	X		1	-	0.	0.	0	
PHILLIP STUTTS	E 00			J	ļ			1125	0.	0	
HOUSE MANAGER	5.00		┝	X		-		1125.	· ·		
KYLE OGARD	2.00			X				0.	0.	0	
CHAPLAIN AARON COLEMAN	2.00		-			╁			<u>.</u>		
VICE PRESIDENT	2.00			X				1508.	0.	0	
BRYAN WHISENANT				 		1	1				
RUSH CHAIR	2.00			Х				150.	0.	0	
MATTHEW RILEY											
SOCIAL CHAIR	2.00			X				0.	0.	0	
MARK FOLEY											
PRESIDENT	5.00			X		_		2025.	0.	0	
BLAKE MURPHY	İ										
TREASURER	5.00			X			-	2025.	0.	0	
							_			-	

Form 990 (2010) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (F) (D) (E) **Position** Average Name and title Reportable Reportable Estimated hours per (check all that apply) compensation compensation amount of week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the Individual trustee or Institutional frustee related (W-2/1099-MISC) organization key employee organizations and related ın Schedule organizations O) 6833. 0. 0. 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 6833. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on Х 3 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 X 4 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 or individual 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 NONE the organization (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Form 990 (2010)

ALPHA TAU OMEGA BETA DELTA CHAPTER

Pa	rt VI	II Statement of Rever	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
इइ	1 8	Federated campaigns	1a					
필	t	Membership dues	1b	85485.				
s, g	•	Fundraising events	1c					
Contributions, gifts, grants and other similar amounts	•	Related organizations	1d					
	•	Government grants (contribute	ions) 1e					
	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included above	ve 1f	345691.				
눌위	ç	Noncash contributions included in lines	1a-1f \$					
ပို့ န	ŀ	Total. Add lines 1a-1f			431176.			
				Business Code				
စ္ပ	2 a	HOUSE OPERATION	IS	721310	581222.	581222.		
Program Service Revenue	t	CHAPTER ACTIVIT	PIES	900099	176352.	176352.		
SE	(PERSONAL ASSESS	MENTS	900099	105544.	105544.		
e au	(<u> </u>						
<u>6</u>	6	•			Ò			
٦	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f		▶	863118.			*****
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		▶	14783.		14783.	
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties			, ,		····	
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	t	Less: rental expenses						
	•	Rental income or (loss)						•
	•	d Net rental income or (loss)		•				
ļ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	33719.					
	t	Less: cost or other basis	00761					
		and sales expenses	33761.					
	•	Gain or (loss)	-42.	l	4.0	4.2		
i		d Net gain or (loss)		•	-42.	-42.		
Other Revenue	8 6	Gross income from fundraising including \$						
é		contributions reported on line	1c). See					
ra l		Part IV, line 18	а					
훗	1	b Less: direct expenses	b					
		 Net income or (loss) from fund 	-		······································			
	9 ;	a Gross income from gaming ac	ctivities. See					
ļ		Part IV, line 19	а					
i		b Less direct expenses	ь					
		 Net income or (loss) from gam 	=	>			······························	
	10 (a Gross sales of inventory, less						
		and allowances	a					
		b Less: cost of goods sold	b			1		
ļ		Net income or (loss) from sale						
}		Miscellaneous Revenu	ie	Business Code				1
	11 :							
	١	b						
	•	c						
		d All other revenue				1		
		e Total. Add lines 11a-11d			1309035.	863076.	14783.	0.
03200	12	Total revenue. See instructions			1303033.	003070.	14/03.	Form 990 (2010)
03200	-10							(2010)

ALPHA TAU OMEGA BETA DELTA CHAPTER

Form 99@ (2010)

Part IX Statement of Functional Expenses

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

Section 50 (c)(3) and 50 (c)(4) organizations must complete all columns	
All other organizations must complete column (A) but are not required to complete columns (B), (C	C), and (D,

	All other organizations must comp	(A) but are	not required to comple (B)	te columns (B), (C), and (I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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	15633.			
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	78889.			
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	374.			
0	Payroll taxes	13892.			
1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	34200.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	157633.			
f	Investment management fees				
g	Other ,				
2	Advertising and promotion				
3	Office expenses	1415.			
4	Information technology				
5	Royalties				
6	Occupancy	51140.			
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2012.			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	24320.			
3	Insurance	14542.			
4	Other expenses Itemize expenses not covered				.,
	above (List miscellaneous expenses in line 24f If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	FEDERAL INCOME TAX	48.			
b	SOCIAL	120209.			
c	FOOD	116802.			
ď	NATIONAL FEES	55005.			-
e	PERSONAL ASSESSMENT	37342.			
f	All other expenses SEE SCH O	82398.			
5	Total functional expenses. Add lines 1 through 24f	805854.			
6	Joint costs. Check here I if following SOP				
	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

ALPHA TAU OMEGA BETA DELTA CHAPTER

Form 990-(2010)

Part X Balance Sheet (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 847620. 635088. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 9158. 6850. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use 744. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 937573. 10a basis. Complete Part VI of Schedule D 420073. 220442. 517500. 10c 10b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 865432. 1371970. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 33223. 36099 17 17 Accounts payable and accrued expenses 18 18 Grants payable 10519. 11000. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 131063. 131063. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 178162. 174805. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1193808. 690627. 32 Retained earnings, endowment, accumulated income, or other funds 32 690627. 1193808. 33 Total net assets or fund balances 33 865432 1371970. 34 Total liabilities and net assets/fund balances

Act and OMB Circular A-133?

	ALPHA TAU OMEGA				
orm	990-(2010) BETA DELTA CHAPTER	63-	0007530	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1			a =
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>54.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69	906	<u>27.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	119	38	08.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		· ·	
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		•
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both:				
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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

Name of the organization

ALPHA TAU OMEGA BETA DELTA CHAPTER

Employer identification number 63-0007530

Par	† I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		_
_	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

aı	rt V	Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	orm 990, Part IV, line	10.	
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Begini	ning of year balance				,	
b	Contri	butions					
С	Net in	vestment earnings, gains, and losses				,,,	
d	Grants	s or scholarships			<u> </u>		
е	Other	expenditures for facilities					
	and p	rograms					
f	Admir	istrative expenses			ļ		
g	End o	f year balance					
2	Provid	le the estimated percentage of the yea	r end balance held a	ıs:			

Board designated or quasi-endowment Permanent endowment Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations 3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds

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		937573.	420073.	517500.
c Leasehold improvements				
d Equipment				
e Other Total, Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part X. colur	mn (B), line 10(c))	-	517500.

Schedule D (Form 990) 2010

Yes

Νo

No

No

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.	63-0007530 Page
(a) Description of security or category (including name of security)	(b) Book value	(c	Method of valuation: r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13	
(a) Description of investment type	(b) Book value		Method of valuation r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶	•		······
Part IX Other Assets. See Form 990, Part X, II			
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		_	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			>
1. (a) Description of liability		(b) Amount	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			
	line 25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot FIN 48 (ASC 740)	te to the organization's financial sta	tements that reports the organization	n's liability for uncertain tax positions under
32053 12-20-10			Schedule D (Form 990) 201

	dule DyForm 990) 2010 BETA DELTA CHAPTER				00/530 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	cial State	ements	<u></u>
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		10	Poturn	
	* XII Reconciliation of Revenue per Audited Financial Statemen	iits with neve	nue per r		
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:	2a			
a	Net unrealized gains on investments	2b		1	
b	Donated services and use of facilities	2c		1	
C	Recoveries of prior year grants	2d		1	
d	Other (Describe in Part XIV)	20		2e	
e 2	Add lines 2a through 2d Subtract line 2e from line 1			3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		1	
c	Add lines 4a and 4b	<u> </u>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pei	Retur	n
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]]	
С	Other losses	2c]	
d	Other (Describe in Part XIV.)	2d]	
е	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		4	
b	Other (Describe in Part XIV.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				. D. 137 b. 4. D. 4.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp				
				. ,-	
-					
		•		Cabad	ule D (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ALPHA TAU OMEGA BETA DELTA CHAPTER

Employer identification number 63_0007530

DEIR D.	EDIA CHAFIER				103-0007	550
Part I Fundraising Activitie required to complete this part	s. Complete if the organization a art	nswered "Y	es" to	o Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
1 Indicate whether the organization ra	aised funds through any of the fol	lowing activ	ities	Check all that apply		
a X Mail solicitations					•	
	_ 			overnment grants		
b Internet and email solicitation				nment grants		
c Phone solicitations	g	ecial fundra	ising (events		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any indiv	idual (includ	ing o	fficers, directors, trus	stees or	
key employees listed in Form 990,						X No
b If "Yes," list the ten highest paid in						
compensated at least \$5,000 by the		po. 00 m	-9.5			
	ie organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or contribu	rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PENNINGTON & COMPANY - 501		Yes	No			
SATEWAY DRIVE SUITE A	CAPITAL CAMPAIGN		х	347531.	157633.	189898.
		1 1				
				1		
Ties.						
				1		
					· · · · · · · · · · · · · · · · · · ·	
		1 1				
		-				
						•
		1				
	<u> </u>					
Total				347531.	157633.	189898.
3 List all states in which the organizat	tion is registered or licensed to so	olicit contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						
	<u></u>					
					·	

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

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ALPHA TAU OMEGA

Schedule G (Form 990 or 990-EZ) 2010 BETA DELTA CHAPTER

63-0007530 Page 2

ra		of fundraising event contributions and gr	=		•	
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue						
<u>ۋ</u>	1	Gross receipts			···	
	2	Less: Charitable contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			-	
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
χ Σ	•	,				
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		>	(
	11	Net income summary. Combine line 3, colum			<u> </u>	L
Pa	rt l		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
ľ	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	L No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	(
	8	Net gaming income summary. Combine line	1, column d, and line 7		<u> </u>	
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac				Yes No
D	11 "	No," explain:				-
I0a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					
				· · · · · · · · · · · · · · · · · · ·		
320	B2 O	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 201

ALPHA TAU OMEGA

Schedule G(Form 990 or 990-EZ) 2010 BETA DELTA CHAPTER	53-0007530 Page:
Does the organization operate gaming activities with nonmembers?	Yes N
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	L1. —
to administer charitable gaming?	
I3 Indicate the percentage of gaming activity operated in: a The organization's facility	13a
b An outside facility	13b
Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	nt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name	
Address ►	
16 Gamıng manager information.	
Name ▶	
Gaming manager compensation \$	
Gaming manager compensation \$\sim \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} 1	
Description of services provided	
Director/officer Employee Independent contractor	
17. Mary distance distance of the first of the control of the cont	
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 	
retain the state gaming license?	Yes I
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) WANT OF DUNDALGED DEDIVINGTON & COMPANY	
(I) NAME OF FUNDRAISER: PENNINGTON & COMPANY	
(I) ADDRESS OF FUNDRAISER:	
501 GATEWAY DRIVE SUITE A, LAWRENCE, KS 66049-2342	
32083 01-13-11 Schedule C	G (Form 990 or 990-EZ) 20
69	
40514 351587 ATO 2010.04010 ALPHA TAU OMEGA BETA D	ELTA ATO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

Name of the organization

ALPHA TAU OMEGA BETA DELTA CHAPTER Employer identification number 63-0007530

Par	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on			(d) of determining atribution am		3
1	Art - Works of art				1,					
2	Art - Historical treasures									
3	Art - Fractional interests		,							
4	Books and publications									
5	Clothing and household goods							·		
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	4	33	719.	COST	OF I	ONATE	PI	ROP
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate · Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other • ()			_						
26	Other • ()									
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive t	oy contribution	on any property rep	oorted in Part I, line	s 1-28 th	at it must h	old for	r		
	at least three years from the date of the initial	contribution	, and which is not	required to be used	d for exen	npt purpos	es for		1	
	the entire holding period?							30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.								- 1	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standar	rd contrib	utions?		31		<u>X</u>
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell	noncash	ı				
	contributions?							32a		_X_
b	If "Yes," describe in Part II								1	
33	If the organization did not report an amount in	n column (c) 1	for a type of prope	rty for which colum	ın (a) ıs ch	necked,				
	describe in Part II									
ΙНΔ	For Panerwork Reduction Act Notice Ser	e the Instruc	tions for Form 99	0.		S	chedu	le M (Form !	990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010 Open to Public Inspection

Name of the organization

ALPHA TAU OMEGA
RETA DELTA CHAPTER

Employer identification number 63-0007530

BEIA DELIA CHAPIER 03-000/330
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CONSISTS OF
MEMBERS WHO BELONG TO A NATIONAL COLLEGIATE FRATERNITY.
FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER OF THE ORGANIZATION MAY
ELECT MEMBERS WHO WILL THEN SERVE OVER THE ORGANIZATION AS THE GOVERNING
BODY.
FORM 990, PART VI, SECTION A, LINE 7B: ANY DECISION THAT THE GOVERNING
BODY WANTS TO PUT INTO ACTION MUST MEET THE APPROVAL OF THE ENTIRE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S EXECUTIVE
OFFICERS REVIEW THE FORM 990 WHEN IT IS COMPLETED AND IF ANY PART OF THE
FORM IS IN QUESTION, THE EXECUTIVE OFFICERS CONTACT THE PREPARER TO ADDRESS
THOSE QUESTIONS. SHOULD ANY CHANGES NEED TO BE MADE ON THE FORM, THOSE
CHANGES ARE PROMPTLY MADE AND THE FORM IS REPRINTED FOR THE EXECUTIVE
OFFICERS TO REVIEW. AFTER THE FROM IS REVIEWED AND APPROVED, THE EXECUTIVE
OFFICER SIGNS THE RETURN AND IT IS MAILED TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE
PUBLIC BETWEEN REGULAR BUSINESS HOURS UPON REQUEST TO THE PRESIDENT OR
TREASURER OF THE ORGANIZATION.
FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSES:
BAD DEBT:
TOTAL EXPENSES 17363.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

ATO 1

Scnedule O (Form 990 or 990-EZ) (2010) Name of the organization ALPHA TAU OMEGA BETA DELTA CHAPTER	Employer identification number 63-0007530
VARIOUS HOUSE:	
TOTAL EXPENSES	14354.
DISCOUNTS:	
TOTAL EXPENSES	11212.
RUSH:	
TOTAL EXPENSES	9142.
SUPPLIES:	
TOTAL EXPENSES	8557.
CHAPTER ACTIVITIES:	
TOTAL EXPENSES	6927.
COMPOSITE:	
TOTAL EXPENSES	4841.
COLLECTION EXPENSE:	
TOTAL EXPENSES	4419.
DUES:	
TOTAL EXPENSES	3683.
RITUAL:	
TOTAL EXPENSES	1900.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LI	INE 24F, COL A 82398. Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization ALPHA TAU OMEGA	Employer identification number
BETA DELTA CHAPTER	63-0007530
FORM 990, PART VI, SECTION B, LINE 12A	
WRITTEN CONFLICT OF INTEREST POLICY	
AS OF 6/30/2011, THE ORGANIZATION HAD NOT ESTABLISHED A V	VRITTEN
CONFLICT OF INTEREST POLICY. HOWEVER, THE ORGANIZATION	S AWARE OF
THIS INFIRMITY AND IS ASSURING THAT THIS INFIRMITY WILL E	RE COPPECTED BY
	DE CORRECTED DI
THE END OF THE 2011 TAX YEAR.	
FORM 990, PART VI, SECTION B, LINE 13	
WRITTEN WHISTLEBLOWER POLICY	
WRITTEN WHISTLEBLOWER POLICE	
AS OF 6/30/2011, THE ORGANIZATION HAD NOT ESTABLISHED A V	VRITTEN
WHISTLEBLOWER POLICY. HOWEVER, THE ORGANIZATION IS AWARD	OF THIS
INFIRMITY AND IS ASSURING THAT THIS INFIRMITY WILL BE COR	RRECTED BY THE
END OF THE 2011 TAX YEAR.	
END OF THE 2011 TAX TEAR.	
	-