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A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492319009252

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 06-30-2012

Open to Public Inspection

_			C Name of organization BETA BETA CHAPTER OF ALPHA GAMMA			D Emp	loyer i	dentification number			
Address change Name change Initial return			DELTA					45-0227007			
			Number and street (or P O box, if mail is not delivered to street address) Room/suite 1249 12TH STREET NORTH					E Telephone number			
	eminat						(70	1) 235-2080			
	mended	l return	City or town, state or country, and ZIP + 4 FARGO, ND 581022513			F Group		ption ► 0416			
A	plicatio	on pending				Num)CI	P 0410			
I₩€	ebsite	.► <u>N</u> /A	Cash Accrual Other (specify) ►	-	require	d to atta	ach S	organization is not chedule B or 990-PF)			
		_					_				
			iization is not a section 509(a)(3) supporting organization or a sec \$50,000 A Form 990-EZ or Form 990 return is not required thou								
ınstr	uction	ns) But if the	organization chooses to file a return, be sure to file a complete ret	turn		-					
		ib, 6c, and 7b, to li Form 990 instead o	ine 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to of Form 990-EZ ► \$ 171,927	otal ass	ets (Part II, lın	e 25, colu	ımn (B) below) are \$500,000 or			
	rt I		Expenses, and Changes in Net Assets or Fund Bala	ance	S (See the ı	nstructi	ons fo	or Part I)			
		Check if the	organization used Schedule O to respond to any question in this F	Part I				<u></u>			
	1	Contributions,	, gifts, grants, and similar amounts received				1				
	2	-	ce revenue including government fees and contracts				2				
	3	Membership d	ues and assessments			•	3	161,451			
	4	Investment in	ı	٠,		•	4	58			
_	5a		from sale of assets other than inventory	5a							
Revenue	Ь		other basis and sales expenses	5b							
979	С			5c							
œ	6	-	Indraising events								
	a		m gaming (attach Schedule G if greater than \$15,000) from fundraising events (not including \$ _of contributions from fur	6a							
	ь	reported on lin									
		\$15,000)		ا ما	l .						
				6b	-	10,418					
	С		xpenses from gaming and fundraising events	6c	h.t t. l 6	1,101		0.217			
	d _		(loss) from gaming and fundraising events (Add lines 6a and 6b a	- 1	ptract line 6	c)	6d	9,317			
	7a		finventory, less returns and allowances	7a							
	b	Less cost of o	r (loss) from sales of inventory (Subtract line 7b from line 7a)	7b			7-				
	C	·	e (describe in Schedule O)	•			7c 8				
	8 9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•			9	170,826			
	10		milar amounts paid (list in Schedule O)	•	• •		10	10,408			
	11		to or for members		•	_	11				
	12		r compensation, and employee benefits				12	14,940			
un Ou	13	·	ees and other payments to independent contractors				13	7,514			
Expenses	14		ent, utilities, and maintenance				14	78,001			
<u>~</u>	15		cations, postage, and shipping				15	348			
ш	16	Other expense	es (describe in Schedule O)				16	48,163			
	17	Total expense	s. Add lines 10 through 16				17	159,374			
<u></u>	18	Excess or (def	ficit) for the year (Subtract line 17 from line 9)				18	11,452			
 0.50 	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (mus	st agr	ee with			_			
Net.Assets		end-of-year fig	gure reported on prior year's return)				19	39,963			
Net	20	Other changes	s 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 .		<u></u> .	<u> </u>	21	51,415			

Check if the organization used	Schedule O to respond to a	any question in this	Part II		
(See the instruct	cions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗁	39,963	22	51,415
23 Land and buildings				23	
24 Other assets (describe in Schedule O)	· · ·		24	
25 Total assets	,	<u> </u>	39,963		51,415
		· · -	39,90.	26	31,413
26 Total liabilities (describe in Schedule (•			+	
27 Net assets or fund balances (line 27 of	. , ,		39,963	27	51,415
29 CHARITABLE AND EDUCATIONAL AC	Schedule O to respond to purpose? IAL PURPOSES AND NO NER e accomplishments for eaccise manner, describe the series program title TENTION 76 MEMBERS series amount includes foreign general series and the series of	any question in this NET EARNINGS IN h of its three larges ervices provided, the	URE TO AN t program services, as he number of persons	(c) or 49	
30 HOUSING 21 MEMBERS (Grants \$) If this	s amount includes foreign g	rants, check here	▶┌	30a	
31 Other program services (describe in Scl (Grants \$) If this	hedule O)	rants, check here	· · · · · ·	31a	
32 Total program service expenses (add line	es 28a through 31a) .			32	
Part IV List of Officers, Directors, Trus Check if the organization used				structio	ons for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensatio (If not paid, enter -0)		lans	

Pa	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
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 of Form 990-T	n		
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35c		No
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	3 6		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	6		
b	Gross receipts, included on line 9, for public use of club facilities 39b	0		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	_		
е	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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🏲 JULIANNE E HAWKINS Telephone no) 🕨 <u>(50</u>	1)720	-7316
	27881 150TH STREET Located at ► LOWRY, MN ZIP + 4	▶ 5	6349	
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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		Νo
	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			▶ Г
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If Yes , Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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	7		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
		45a		No
45b	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)	45b		

46 Did tl							Yes	No
	he organization engage, directly idates for public office? If "Yes,"			behalf of or ır	n opposition to	46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond t	o any question in this l	Part VI .				<u> </u>
							Yes	No
	he organization engage in lobbyir es," complete Schedule C, Part I		ction 501(h) election ir	n effect durin	g the tax year?	47		
48 Is the	e organization a school described	d in section 170(b)(1)(A):	(II)? If "Yes." complete :	Schedule E		48		
	he organization make any transfe					49a		
				CIOII		49b		
	es," was the related organization	_						
	plete this table for the organization oyees) who each received more t		. ,		, ,		•	
(a) Name	and address of each employee and more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Con employee	tributions to benefit plans & compensation	(∈	Exper count a r allowa	ınd
				1				
	al number of other employees pa					-		
of co	mpensation from the organization ame and address of each indepen	•	None "	_	each received n		ompens	
of co	mpensation from the organization	If there is none, enter "	None "	_				
of col (a) N	mpensation from the organization	on If there is none, enter "Indent contractor paid more and more a	none " Te than \$100,000 g over \$100,000 n 501(c)(3) organization	(b) Type	e of service	(c) C	ompens	trusts
d Tot 52 Did mu Juder penal mowledge a	mpensation from the organization ame and address of each independent and address of each independent of the organization complete Sche	ontractors each receiving dule A? NOTE: All Section A	none " g over \$100,000 n 501(c)(3) organization uding accompanying sch	(b) Type	e of service	npt cha	ompens	trusts
d Tot 52 Dig mu	mpensation from the organization ame and address of each independent and number of other independent of the organization complete Schelist attach a completed Schedule	ontractors each receiving dule A? NOTE: All Section A	none " g over \$100,000 n 501(c)(3) organization uding accompanying sch	(b) Type	e of service	npt cha	ompens	trusts
d Tot 52 Did mu Inder penal mowledge a mowledge.	mpensation from the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schedule. ****** Signature of officer JULIANNE HAWKINS FINANCE ADVITYPE or print name and title. Preparer's signature. CHAD J SILBERNICK	ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type	e of service	npt cha	ompens oritable fes	trusts No has any
d Tot 52 Dic mu Junder penal knowledge a knowledge. Sign Here	mpensation from the organization ame and address of each independent of the organization complete. Schedule ist attach a completed Schedule ist attach a completed Schedule ist attach a completed Schedule ist attach is true, correct, and complete, it is true, correct, and complete ist is true, correct, and complete is signature. Matter	ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type ons and 494 ons and 494 ons and state on a state of the st	e of service	npt cha	ompens oritable fes	trusts No has any
d Tot 52 Did mu Jinder penal mowledge a mowledge.	mpensation from the organization ame and address of each independent of the organization complete. Schedule ist attach a completed Schedule ist attach a complete Schedule ist a	ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type ons and 494 ons and 494 ons and state on a state of the st	e of service	npt cha	ompens iritable fes st of my preparer	trusts No has any

Form 990-EZ (2011)

Page **4**

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DLN: 93492319009252

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization
BETA BETA CHAPTER OF ALPHA GAMMA
DELTA

Employer identification number
45-0227007

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS FORM 990-EZ PAID TO ORGANIZATIONS PART I, LINE 1		MAKE A WISH FOUNDATION 6,000 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES INFORMATION TECHNOLOGY 275 CONFERENCES AND MEETINGS 4,653 MEMBERSHIP 27,999 REIMBURSED ITEMS 823 OFFICE SUPPLIES 3,069 SOCIAL & RECRUITING 7,394 BANK CHARGES 2,410 DUES 1,540 TOTAL 48,163
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	EDUCATIONAL, CHARITABLE AND SOCIAL PURPOSES AND NO NET EARNINGS INURE TO AN INDIVIDUAL OR PRIVATE SHAREHOLDER

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TY 2011 Compensation Explanation

Name: BETA BETA CHAPTER OF ALPHA GAMMA

DELTA

EIN: 45-0227007

Person Name	Explanation
NATALIE SCHLAGEL	
ELLY PETERSON	
ABIGAIL ANDERSON	
JULIANNE HAWKINS	

Additional Data

Software ID: Software Version:

EIN: 45-0227007

Name: BETA BETA CHAPTER OF ALPHA GAMMA

DELTA

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 ot her allowances
NATALIE SCHLAGEL 1249 12TH ST N FARGO,ND 58102	VP FINANCE 000 00	0		
ELLY PETERSON TO 1249 12TH ST N FARGO,ND 58102	PRESIDENT 000 00	0		
ABIGAIL ANDERSON 1249 12TH ST N FARGO,ND 58102	VP OPERATION 000 00	0		
JULIANNE HAWKINS 27881 150TH ST LOWRY,MN 56349	FINANCE ADVI 000 00	0		