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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

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

C Name of organization
Epsilon Mu Chapter of Alpha Gamma Delta Fraternity
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
409 West 8th Street
 City or town, state or country, and ZIP + 4
Hays, KS 67601

D Employer identification number
48-0666300

E Telephone number
785-625-3747

F Group Exemption Number ▶ 0416

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

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

I Website: ▶ _____

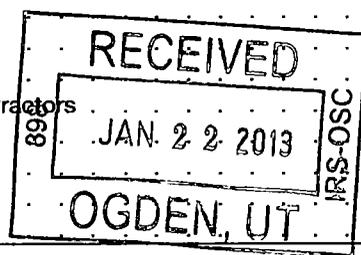
J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 79,143

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1879
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	75,257
	4 Investment income	4	113
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>1819</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1954
c Less: direct expenses from gaming and fundraising events	6c	1247	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	707	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	77,896	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2676
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	3050
	14 Occupancy, rent, utilities, and maintenance	14	50,948
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	28,460
	17 Total expenses. Add lines 10 through 16	17	85,134
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7238
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,549
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,311



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Part V Other Information (Note the Schedule A and personal benefit contract 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		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	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)?		✓
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			
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
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			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a 2250		
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 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
40e			
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Kathie Taylor Telephone no. ▶ 785-625-3747 Located at ▶ 2307 Plum Street, Hays, KS ZIP + 4 ▶ 67601		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a			
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 the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

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

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Kathie Taylor Date: 01-14-13 Type or print name and title: Kathie Taylor, Chapter Advisor/Finance Advisor

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

SCHEDULE

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

NAME OF EVENT		AMOUNT RECEIVED	
1 Octoberfest koozies, pretzels/cheese	Line 1:	\$22	(contributions)
	Line 6a left:	0	(contributions inc in Line 1)
	Line 6a right:	\$1954	(gross proceeds)
	Line 6b:	\$1247	(expenses)
	Line 6c:	\$707	(net proceeds)
	Line 10:	\$729	(Should be on CFR line 508)
2 Trick-or-Treat for the Foundation	Line 1:	\$1244	(contributions)
	Line 6a left:	0	(contributions included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$1244	(contributions)
3. 15% of Freddy's Frozen Custard Sales Night	Line 1:	\$218	(contributions)
	Line 6a left:	0	(contributions included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$218	(contributions)
4. Alumnae Donations	Line 1:	\$335	(contributions)
	Line 6a left:	0	(contributions inc. in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$335	(contributions)
5 Walk-a-Mile in Her Shoes	Line 1:	\$100	(contributions)
	Line 6a left:	0	(contributions included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$100	(contributions)
6 Diabetes Solutions	Line 1:	\$50	(contributions)
	Line 6a left:	0	(contributions included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$50	(contributions)
Line 1	\$1967		
Line 6a left	0		
Line 6a right	\$1954		
Line 6b	\$1247		
Line 6c.	\$707		
Line 10	\$2676		

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

GRANTS AND ALLOCATIONS

CASH:

Alpha Gamma Delta Foundation	\$2526
Diabetes Solutions: Family Adventure to Health.. . . .	\$50
Walk-a-Mile in Her Shoes Philanthropy to IFC.... . . .	\$100
TOTAL.....	\$2676

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

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

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

Other Expenses:

Membership	17472
Reimbursed items	1475
Office Supplies	1255
Conventions	1536
Social & Recruiting	1853
Miscellaneous	4869
Total Other Expenses	28460