

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendary year, or tax year beginning .2013, and ending .20	Dep	partment of	the Treasury	▶ Information about Form 990-EZ and its instructions is at www.ii	rs.aov	/form990.		Inspection
B Once of specialists Common of Section	_			. 20				
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Garding Method Cash Accrual Other (specify) H Check If the organization is not required to attach Schedule B Jax-exempt status (check only one) Solicija Cash Accrual Other Association Other Check Comm 990, 990-EZ, or 990-PF	二			CLEMSON, SC 29633		•	•	
Website:	_	···	·		\top			organization is not
Tax-axempt status (check only one)	Ĭ		_		''			
K Form of organization: Corporation Trust Association Other	J			heck only one) - ☐ 501(c)(3)	,,	•		
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 column (8) bollow) are \$500,000 or more, file Form 990 instead of Form 990-E22 New York Part II Part					<u>'' l</u>	(1 01111 000)	000 LL,	<u> </u>
(Part II. column (8) below) are \$500,000 or more, file Form 990 mistead of Form 990-EZ \$173,375			_		f total a	assets		
Pairt Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)							> \$	173.375
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 3 Gross income from gaming (attach Schedule G if greater than 5 15,000) 6 Gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sun of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 6 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule Q) 1 B Renefits paid to or for members 1 C Grants and similar amounts paid (list in Schedule Q) 1 B Renefits paid to or for members 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 1 C Grants and similar amounts paid (list in Schedule Q) 2 C Grants or fund balan	_	777*** 777						
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12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		10	Grants and s			-	10	
12 Salarnes, other compensation, and employee benefits		11	Benefits paid	to or for members . MAY .1 9 .2014 [6]			11	
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintegance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	••	12		1 75 1			12	14,974
15 Printing, publications, postage, and Shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 25 For Paperwork Reduction Act Notice, see the separate instructions.	Ses	13	Professional	fees and other payments to independent contractors			13	590
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Other changes in net assets or fund balances for fund balances (explain in Schedule O) 22 For Paperwork Reduction Act Notice, see the separate instructions.	pen	14	Occupancy,	rent, utilities, and maintenance			14	48,267
17 Total expenses. Add lines 10 through 16	ŭ	15	Printing, pub	ications, postage, and shipping			15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Taylor assets or fund balances at end of year. Combine lines 18 through 20 21 Separate instructions.		16	Other expens	ses (describe in Schedule O)			16	98,821
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Taylor assets or fund balances at end of year. Combine lines 18 through 20 21 Separate instructions.		17	Total expen	ses. Add lines 10 through 16	<u>.</u>	<u></u> .▶	17	162,652
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 14,783 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)			Excess or (d				18	10,723
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 14,783 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	ets	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree with				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 14,783 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	Ass		end-of-year f	gure reported on prior year's return)			19	4,060
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 14,783 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	let,	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
	_	21	Net assets o	fund balances at end of year. Combine lines 18 through 20	<u></u>	<u></u> .▶	21	14,783
			vork Reduction	on Act Notice, see the separate instructions.				Form 990-EZ (2013)

EEA

Form 990-EZ (2013)

P	art II Balance Sheets (see the instructions for Part II)	-		·			
	·Check if the organization used Schedule O to respond to	any question in this Pa	nt II .	<u>.</u>	<u></u>	<u></u>	<u> </u>
				(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments			_	5,780	22	16,362
23	Land and buildings				0	23	0
24	Other assets (describe in Schedule O)				0	24	0_
25	Total assets				5,780	25	16,362
	Total liabilities (describe in Schedule O)				1,720	26	1,579
	Net assets or fund balances (line 27 of column (B) must agree w				4,060	27	14,783
P	art III Statement of Program Service Accompli	•			_		Expenses
	Check if the organization used Schedule O to respond to		art III .	<u></u>	<u> U</u>	┨`	quired for section
Wh	at is the organization's primary exempt purpose? PHILANTROP	НУ				1	(c)(3) and 501(c)(4)
as	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title	e services provided, th		es,		4947	inizations and section 7(a)(1) trusts, optional others)
28	VNR AND ALUMNI ACTIVITIES						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	28a	54,369
29	HOUSING AND MEALS FOR 35 MEMBERS						
	(Grants \$) If this amount in	cludes foreign grants, c	heck here		<u></u> ▶ ⊔	29a	108,283
30							
		···					
	·	cludes foreign grants, c				30a	
31						31a	
22			•			32	
-	art IV List of Officers, Directors, Trustees, and Key Emplo	vees (list each one eve					
	Check if the organization used Schedule O to respond to						
	Chock it and digamentation according to the response		(c) Reports		(d) Health benefits	1	
	(a) Name and title	(b) Average hours per week devoted to position	compensal (Form W-2/1099 (if not paid, e	tion 9-MISC)	contributions to emp benefit plans, and deferred compensa	loyee d	(e) Estimated amount of other compensation
JO	HN CHAPMAN						
PR	ESIDENT	10		C		0	0
WI	LL THOMAS						
FI	NANCE	10		Ç)	0	. 0
						ĺ	
			,		ļ	ļ	
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_							
		1	1		1	1	

Page 3

Pal	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	Yes	· L
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Tes	No
33	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		_	
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
ь	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		
	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		Х
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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		х
	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	i	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40 a	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 dunng 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		
С	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		†	7.
	transaction? If "Yes," complete Form 8886-T	40e	l .	X
41	List the states with which a copy of this return is filed	E 4 1	704	
42 a	The organization's books are in care of ► WILL THOMAS Located at ► 113 CALHOUN ST. CLEMSON, SC Telephone no. ► 864-6 29631		/ 04	
	Located at ▶ 113 CALHOUN ST, CLEMSON, SC ZIP + 4 ▶ 29631 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	Х
J	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		•	
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	
	explanation in Schedule O	44d	ļ	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		I	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (201	3) ALPHA GAMMA RHO	FRATERNITY			23-732	1944	F	age 4
								Yes	No
46		organization engage, directly or indirectly, in	· · · · · · · · · · · · · · · · · · ·	• •			40		v
ED-		dates for public office? If "Yes," complete Section 501(c)(3) organizations		<u> </u>	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	46		X
Pai		All section 501(c)(3) organizations		ons 47-49h and 52	and comp	lete the tabl	es for li	nes	
		50 and 51.	mast anomor quost.	0110 11 100 and 02,	and 00mp				
		Check if the organization used Sch	nedule O to respond	to any question in t	his Part V	1			. 🗆
								Yes	No
47	Did the	organization engage ın lobbyıng actıvities or	have a section 501(h) ele	ection in effect during the	tax				
	•						47		
48		ganization a school as described in section					48		
49a		organization make any transfers to an exem			• • • • • •		49a		
b If "Yes," was the related organization a section 527 organization?									L
50	-	te this table for the organization's rive higheres) who each received more than \$100,000							
	employe	ses) who each received more than \$100,000	T		(d) Health				
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimate other cor		
		(,,	devoted to position	(Forms W-2/1099-MISC)	comper	,	oaler cor	препза	11011
		-							
							 —		
					į				
						<u> </u>		•	
f	Total nu	imber of other employees paid over \$100,00	00	<u> </u>	'	•			
51	Comple	te this table for the organization's five highe	st compensated independ	lent contractors who each	n received mo	ore than			
	\$100,00	0 of compensation from the organization I	there is none, enter "Nor	ne."					
	(a)	Name and business address of each independent contr	actor	(b) Type of servic	ė	(c) C	compensatio	n	
								-	
								_	
							<u> </u>		
									
		imber of other independent contractors each	_		 				
52		organization complete Schedule A? Note: A				_	X Yes		No
Undor		mpt chantable trusts must attach a complete f pegury, I declare that I have examined this retum, inclu		od statements and to the best of			<u> </u>	Ш.	110
	-	complete Declaration of preparec (other than officer) is l			iny knowledge a	and belief, it is			
ude, c	Offect, and	1//		property masses	· · · · · ·	05-06-2	014		
Sig	n	Signature of officer			Date				
Her		Will Thomas VNA FIA	ance.		5-1	3-14			
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date	c	heck 🔲 if	PTIN		
Paid		CHERYL SHIFLETT	Lhey Jh	√√√ 05-06-20)14 s	elf-employed	2001853	345	
Prep		Firm's name NATIONAL TAX SE	RVICE	-	Firm's E	IN ▶			
Use	Only	Firm's address ► PO BOX 1667				*** **			
		CLEMSON SC 2963			Phone r		2-7000 X Yes		No
	tne IRS c	discuss this return with the preparer shown a	above? See instructions	<u> </u>		<u> ▶</u>	Form 99		No (2013)
EEA							1 0000 38	ا کت-ب	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Open to Public Inspection

Name	of the	organization							Employer	identification	number		
ALP	HA	GAMMA RHO FRA								321944			
Pa	rt I	Reason for F	Public Charity	Status (All organiz	ations m	ust com	plete this	part.)	See instr	uctions.			
The	orgar	nization is not a privat	te foundation becau	se it is. (For lines 1 thro	ugh 11, che	ck only on	e box)						
1		A church, convention	n of churches, or as	sociation of churches d	escribed in	section 17	70(b)(1)(A)	(i).					
2		A school described i	in section 170(b)(1)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coop	erative hospital sen	rice organization describ	oed in secti	on 170(b)((1)(A)(iii).						
4		A medical research	organization operat	ed in conjunction with a	hospital des	scribed in s	section 170)(b)(1)(A)	(iii). Enter	the			
		hospital's name, city	, and state:										
5		An organization ope	rated for the benefit	of a college or universit	y owned or	operated b	y a govern	mental u	nit describe	d in			
section 170(b)(1)(A)(iv). (Complete Part II)													
6													
7		An organization that	normally receives	substantial part of its s	upport from	a governr	nental unit	or from th	e general p	oublic			
		described in section	n 170(b)(1)(A)(vi). (Complete Part II.)									
8				170(b)(1)(A)(vi). (Com	plete Part II	.)							
9	X	An organization that	normally receives:	(1) more than 33 1/3% (of its suppor	t from con	tributions, r	nembersl	nip fees, an	d gross			
		receipts from activiti	es related to its exe	mpt functions - subject	to certain e	ceptions,	and (2) no	more thar	n 33 1/3% c	of its			
		support from gross i	nvestment income	and unrelated business	taxable inco	me (less s	section 511	tax) from	businesse	s			
		acquired by the orga	anızatıon after June	30, 1975 See section 9	509(a)(2). (Complete F	Part III.)						
10		An organization orga	anized and operated	d exclusively to test for p	oublic safety	See sect	tion 509(a)	(4).					
11		An organization orga	anized and operated	d exclusively for the ben	efit of, to pe	rform the f	functions of	, or to car	ry out the				
		purposes of one or r	more publicly suppo	rted organizations desc	nbed in sec	tion 509(a)	(1) or secti	on 509(a))(2). See s €	ection			
_		509(a)(3). Check the	e box that describes	the type of supporting	organızatıor	and comp	olete lines 1	1e throug	jh 11h				
•		a 🗌 Typel	ь 🗌 Тур	ell c 🗌 Type	III-Function	ally integra	ated	d [] Type III-	Non-funtion	nally int	egrated	j
е		By checking this box	x, I certify that the o	rganization is not contro	lled directly	or indirect	lly by one o	r more di	squalified p	ersons			
		other than foundatio	n managers and oth	ner than one or more pul	blicly suppo	rted organ	ızations de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2)											
f		If the organization re	eceived a written de	termination from the IRS	6 that it is a	Type I, Ty	pe II, or Ty _l	pe III supį	porting				
		organization, check	this box										🗆
g		Since August 17, 20	06, has the organiz	ation accepted any gift of	or contributi	on from an	y of the						
		following persons?											
		(i) A person who	directly or indirectly	controls, either alone or	together w	th persons	s described	ın (ii) and	ţ			Yes	No
		(III) below, the	governing body of t	ne supported organization	on? .						11g(i)		
		(ii) A family memb	er of a person desc	nbed in (i) above?							11g(iı)		
		(iii) A 35% controll	ed entity of a perso	n descnbed in (i) or (ii) a	ibove? .						11g(iii	<u> </u>	L
h		Provide the following	g information about	the supported organizat	ion(s).		T-						
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	-	(v) Did you	-	(vi) l:		(vii) Amo		netary
		organization		(described on lines 1-9 above or IRC section	governing of	-	the organia col (i) of		organizati (i) organiz			support	
				(see instructions))	<u> </u>		1						
						,	supp	onr	יט	S ?			
	_				Yes	No	Yes	No	Yes	No			
(A)					Yes	No	· · · · · ·		 	. — —			
	_				Yes	No	· · · · · ·		 	. — —			
(A) (B)					Yes	No	· · · · · ·		 	. — —			
(B)					Yes	No	· · · · · ·		 	. — —			
					Yes	No	· · · · · ·		 	. — —			
(B)					Yes	No	· · · · · ·		 	. — —			
(B) (C) (D)					Yes	No	· · · · · ·		 	. — —			
(B)					Yes	No	· · · · · ·		 	. — —			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

· (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				_					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:							
4	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a		-							
	governmental unit or publicly		1							
	supported organization) included on				1					
	line 1 that exceeds 2% of the amount		1							
	shown on line 11, column (f)		<u> </u>							
6	Public support. Subtract line 5 from line 4		l		<u>j</u>	<u></u>	<u> </u>			
	tion B. Total Support		T	T		T	T			
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7 8	Amounts from line 4									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10 .									
12	Gross receipts from related activities, etc. (s	see instructions)				12				
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>				▶□			
Sec	tion C. Computation of Public St					,,	. 			
14	Public support percentage for 2013 (line 6, c					14	%			
15	Public support percentage from 2012 Scheo						<u>%</u>			
16a	33 1/3% support test - 2013. If the organization									
_	box and stop here. The organization qualific						▶ ⊔			
b	33 1/3% support test - 2012. If the organize						. □			
47-	check this box and stop here. The organiza	•		_						
17a	10%-facts-and-circumstances test - 201310% or more, and if the organization meets	-								
	Part IV how the organization meets the "fac				•					
	•		-	•	, , , , , ,		▶ □			
b	organization						🗾			
U	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part IV how the organization mee					dv				
	supported organization				•	=	▶ □			
18	Private foundation. If the organization did									
	instructions						▶ □			
						<u>-</u>				

Part III Support Schedule for Organizations Described in Section 509(a)(2)

- (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	203,480	139,367	63,246	190,327	173,370	769,790
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				:		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	203,480	139,367	63,246	190,327	173,370	769,790
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			`			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						769,790
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	203,480	139,367	63,246	190,327	173,370	769,790
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	7		14	14	5	40
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7		14	14	5	40
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	203,487	139,367	63,260	190,341	173,375	769,830
14	First five years. If the Form 990 is for the org organization, check this box and stop here) 	▶□
Sec	ction C. Computation of Public Su	pport Percent	age			·	
	Public support percentage for 2013 (line 8, co)		15	99.99 %
	Public support percentage from 2012 Schedu			<u> </u>	<u> </u>	16	100.00 %
Sec	ction D. Computation of Investme					·	
17	Investment income percentage for 2013 (line	• •	-			17	0.01 %
18	Investment income percentage from 2012 Sch					18	%
19a	33 1/3% support tests - 2013. If the organization of the support tests - 2013. If the						▶ 🏻
b	33 1/3% support tests - 2012. If the organizatine 18 is not more than 33 1/3%, check this b						▶ 🗆
20	Private foundation. If the organization did no	t check a box on lir	ne 14, 19a, or <u>19b,</u>	check this box and	d see instructions		▶ 🔲

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

ALPHA GAMMA RHO FRATERNITY 23-7321944 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT 98,821 GENERAL PROGRAM EXPENSES 02. Description of total liabilities (Part II, line 26) BEGINNING OF YEAR END OF YEAR CATEGORY 1,579 1,720 PAYROLL TAXES