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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 . . . . .		
35c	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 . . . . .		✓
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 ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
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? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> 4,500	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> 0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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 . . . . .		✓
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 . . . . . ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
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 . . . . .		✓
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>Kathie Taylor</u> Telephone no. ▶ <u>785-625-3747</u> Located at ▶ <u>2307 Plum St. Hays, KS</u> ZIP + 4 ▶ <u>67601</u>		
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.	<b>42b</b>	✓
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: ▶ _____	<b>42c</b>	✓
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 . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
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 . . . . .	<b>44b</b>	✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
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 . . . . .	<b>44d</b>	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
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) . . . . .	<b>45b</b>	

**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 only**

All section 501(c)(3) organizations 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**

Yes	No

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

Yes	No

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

Yes	No

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

(a) Name and title of each employee	(b) 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."

(a) Name and business address of each independent contractor	(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**

<i>Kathie Taylor</i> Signature of officer	2-11-15 Date
Kathie Taylor, Chapter Advisor/Finance Advisor Type or print name and title	

**Paid Preparer Use Only**

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

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

SCHEDULE

For attachment to Form 990-EZ, Part I, Line 6  
Epsilon Mu Chapter of Alpha Gamma Delta Fraternity  
Employer Identification Number (TIN) 48-066630

NAME OF EVENT	AMOUNT RECEIVED		
1. T-shirt Sales @ Octoberfest Booth	Line 1:	0	(contributions)
	Line 6a left:	0	(contributions inc. in Line 1)
	Line 6a right:	\$2094	(gross proceeds)
	Line 6b:	\$1566	(expenses)
	Line 6c:	\$528	(net proceeds)
	Line 10:	\$528	(should be on CFR line 508)
2. Trick-or-Treat for the Foundation	Line 1:	\$674	(contributions)
	Line 6a left:	0	(contrib. included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$674	(contributions)
3. Walk-a-Mile in Her Shoes	Line 1:	\$100	(contributions)
	Line 6a left:	0	(contrib. included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(net proceeds)
	Line 10:	\$100	(contributions)
4. Additional T-shirt Sales	Line 1:	0	(contributions)
	Line 6a left:	0	(contrib. included in Line 1)
	Line 6a right:	\$375	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	\$375	(net proceeds)
	Line 10:	\$375	(contributions)
5. Alumnae Donations	Line 1:	\$500	(contributions)
	Line 6a left:	0	(contrib. included in Line 1)
	Line 6a right:	0	(gross proceeds)
	Line 6b:	0	(expenses)
	Line 6c:	0	(new proceeds)
	Line 10:	\$500	(contributions)
Line 1:	\$1274		
Line 6a left:	0		
Line 6a right:	\$2469		
Line 6b:	\$1566		
Line 6c:	\$903		
Line 10:	\$2177		

*Sample 1  
2013-10-11*

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 .....	\$2077
Indianapolis, Indiana	
WALK-A-MILE in Her Shoes Philanthropy to IFC .....	\$100
TOTAL.....	\$2177

Sample 2  
2013 form

SCHEDULE

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

Epsilon Mu Chapter of Alpha Gamma Delta Fraternity

Employer Identification Number (TIN) 48-0666300

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

2013  
50.1426 3

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	\$15336
Reimbursed Items	\$1118
Office Supplies	\$1807
Conventions	\$3492
Social & Recruiting	\$1552
Miscellaneous	\$8419
Total Other Expenses	\$31724

Sample 4  
2013 form