

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



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.

2013 Open to Public

OMB No 1545-0047

ternal Revenue Service		t enter Social Security numbers on this nation about Form 990 and its instruction	•	•		Open to Publ
For the 2013	calendar year, or tax year beginnir	22/21/22	00 /01 /1			
Check if applicable		GAMMA RHO FRATERNITY			D Employe	er identification number
Address change		EPSILON CHAPTER				
	Doing Business As				23-	7321941
Name change	Number and street (or P O box if mail is no	ot delivered to street address)		Room/suite		ne number
Initial return	217 N BROADWAY				573	-785-5891
Terminated	City or town, state or province, country, and	d ZIP or foreign postal code	—-···		3,3	700 0001
Amended return	POPLAR BLUFF	MO 63901			a C	pts \$ 116,4
<u></u>	F Name and address of principal officer	MO 03901			G Gross recei	pis \$ 110, -
Application pending	RONALD ANTHONY			H(a) Is this a gro	oup return for sub	ordinates? Yes X
	217 N BROADWAY			H(b) Are all sub	ordinates includ	ed? Yes
	POPLAR BLUFF	MO 63901		1	" attach a list (s	·
		7.4		┤	4	,,,,,,,,
Tax-exempt status		/) ◀ (insert no) 4947(a)(1) or	527	4		0220
	N/A			H(c) Group exe		
Form of organization		ociation Other	L Ye	ear of formation		M State of legal domicile
Part I S	ummary					
2 Check to 3 Number 4 Number 5 Total nu 6 Total nu	nis box ▶ 📗 if the organization disc	continued its operations or disposed of	f more than 25%	ofuts net asset	s .	
3 Number	of voting members of the governing				3	0
្ឋ 4 Number	of independent voting members of th	· · · · · · · · · · · · · · · · · · ·	ILII	. .	4	0
5 Total nu	mber of individuals employed in cale		JUL 20 20	15 -	5	0
6 Total nu	mber of volunteers (estimate if neces	ssary)		i i i	6	0
	related business revenue from Part \	VIII, column (C), line 12	ogden,	LIT I	7a	
b Net unre	elated business taxable income from				7b	
				Prior Ye	ar	Current Year
8 Contribu	itions and grants (Part VIII, line 1h)		L			
9 Program	service revenue (Part VIII, line 2g)		L	11	0,913	116,4
10 Investm	ent income (Part VIII, column (A), line	es 3, 4, and 7d)	L		24	
11 Other re	venue (Part VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e)	L			· · · · · · · · · · · · · · · · · · ·
12 Total re	venue – add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		11	0 , 937	116,4
13 Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1–3)		·· ·····		
14 Benefits	paid to or for members (Part IX, cold	umn (A), line 4)	Ĺ			
	, other compensation, employee ben	nefits (Part IX, column (A), lines 5-10)	L			
b Total fu	onal fundraising fees (Part IX, colum	ın (A), line 11e)				
b Total fui	ndraising expenses (Part IX, column	(D), line 25) ▶	0			
i 17 Other e	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		11	3,296	108,2
18 Total ex	penses Add lines 13-17 (must equa	al Part IX, column (A), line 25)	Γ	11	3,296	108,2
19 Revenu	e less expenses Subtract line 18 froi	m line 12		_	2,359	8,2
20 Total as 21 Total lia 22 Net ass				Beginning of Cu	rrent Year	End of Year
[튜 20 Total as	sets (Part X, line 16)				9,242	602,2
ଅ 21 Total lia	bilities (Part X, line 26)				9,067	573,8
	ets or fund balances Subtract line 21	1 from line 20		2	0,175	28,3
	ignature Block					
Under penalties o	perjury I declare that I have examined	this return, including accompanying sched	Jules and statemen	its, and to the be	st of my knov	vledge and belief, it is
true, correct, and	omplete Declaration of preparer (other	than efficer) is based on all information of	i which preparer ha	s any knowledg	e	/_/
	1					14/15
	Signature of officer				Days	,
ייפי	RONALD ANTHONY		ASST 7	<u> </u>	ER	
ייפי						
ייפי	Type or print name and title			Date	Check	r PTIN
Print/Ty	Type or pnnt name and title pe preparer's name	Preparer's signature		Late	1 000	
PnnVTy aid RONAI		Preparer's signature RONALD E ANTHONY CPA			1/15 self-emp	eloyed
PnnVTy aid RONAI reparer	pe preparer's name DE ANTHONY CPA			07/14	l l	bloyed
Pont/Ty aid RONAL	pe preparer's name DE ANTHONY CPA			07/14	1/15 self-emp	oloyed
PnnVTy aid RONAI reparer	pe preparer's name DE ANTHONY CPA ame			07/14	1/15 self-emp	oloyed

) (Revenue \$

Form 990 (2013)

(Expenses \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O)

including grants of \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		·	
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		_X_
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	i '		
	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		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	ŀ		
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	ļ
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			<u></u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	.		١.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١,,
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١,,
	Schedule D, Parts XI and XII	12a		X
þ				١,,
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			\ ,,
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ—.	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			\ v
۵.	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_ ا		V
Λ-	If "Yes," complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	├^-
N	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	

Form 990 (2013) ALPHA GAMMA RHO FRATERNITY Part IV Checklist of Required Schedules (continue) Checklist of Required Schedules (continued)

· · ·	Tree of the dance	,		
0.4	Park		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			.,
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ł	.,
	employees? If "Yes," complete Schedule J	23		X
24a	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 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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 engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	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-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, 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	35b		
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	36		·
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	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

DAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a ь If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? За Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? X 4a If "Yes," enter the name of the foreign country ▶ b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 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 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See instruc	tions	
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over 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?	з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	Ī
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 00	<u> </u>	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	[Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
	to the section of the	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		<u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.0		<u> </u>
12a	Did the organization have a written conflict of interest policy? if "No," go to line 13	12a	•	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
Ŭ	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	 -	Х
14	Did the organization have a written document retention and destruction policy?	14	\vdash	X
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	150	•	v
a b	Other officers or key employees of the organization	15a	1	X
b		15b		<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l
IDa		40-		
L	with a taxable entity during the year?	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	40.		
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	tion 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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► RONALD ANTHONY CPA 217 N BROADWAY			
P(DPLAR BLUFF MO 63901	<u>573-78</u>		
DAA		Fo	m 99 0	0 (2013)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo of	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) JR HAYWOOD								****			
DDEC	10.00			,		1					
PRES (2) BRODY ELDER	0.00			Х			├	0	0	0	
(-, 5.1.051 555511	10.00										
VP FINANCE	0.00			Х			<u> </u>	0	0	0	
(3) EASON DEAREN											
VNR-PLANNING	10.00			X				0	_	_	
(4)	- 0.00	 	 	<u> ^</u>		 	_	<u> </u>	0	0	
()											
(5)											
(6)		ļ						,			
(7)				<u> </u>							
(8)											
(9)											
(10)		<u> </u>			_						
(10)											
(11)		_		-	<u> </u>						
DAA										Form 990 (2013)	

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)			·	
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than one week box, unless person is both a (list any officer and a director/trustee					an 90)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			-
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N. 2.1600 MIGG)		organiza and rela organiza	ation ated	
(12)														
(13)												_		
(14)								ļ				_		
(15)	(15)													
(16)						-								
(17)														
(18)										:				
(19)	1-													
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A	<u> </u>	<u> </u>	L	▶ ▶						
2	Total number of individuals (increportable compensation from	cluding but not lin the organization	nited	to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	ndıv	idual					3		Х
5	organization and related organi individual Did any person listed on line 1a	zations greater tl	han S	150	,000	? If "	Yes,'	' cor	mplete Schedule J for such		<u> </u>	4		Х
	for services rendered to the ordinal	ganization? If "Ye	s," c	ompl	ete S	Sche	dule	J fo	r such person			5		Χ
1	Complete this table for your five compensation from the organiz	e highest comper ation Report cor	nsate	ed inc	depe	nder r the	nt cor cale	ntrac nda	r year ending with or within t	he organization's tax year			(C)	
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensa	tion
												_		
								<u> </u>		10 24 - 1 - V				
2 DAA	Total number of independent or received more than \$100,000 or	ontractors (included compensation to	ling t from	out no the o	ot lin organ	nited	to th	ose	listed above) who	0			00/	1 /2042

_		Check	f Schedule C) cont	tains a i	response o	r note to any line i	n this Part VIII		
			,	· · · •			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated camp	paigns	1a						
ran	b	Membership du		1b						
Ğ,	С	Fundraising eve	ents	1c						
ifts ar /	d			1d						
s, G mil	е	_		1e						
ion	f	All other contributions	· ·							
but		and similar amounts r		1f						
ati Otri	g	Noncash contributions	s included in lines 1a-1	ıf S	5					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a–1f			•				
Program Service Revenue		, , ,				Busn Code				
ven	2a	MEMBERSH	IP DUES				116,479			116,479
Re	b									
vice	С									
Sen	d									
E	е									
ogr	f	All other progra	m service reven	ue						
٦	g	Total. Add lines	s 2a–2f			•	116,479			
	3	Investment inco	ome (including d	ividend	s, interes	it,				
		and other simila	ar amounts)			▶ [17	17		
	4	income from inv	vestment of tax-	exemp	bond pro	oceeds 🕨				
	5	Royalties				.				
		L	(ı) Real		(II) F	Personal		·		·
	6a	Gross rents								
	b	Less rental exps	···							
	С	Rental inc or (loss)		<u> </u>						
	d	Net rental incom	ne or (loss)			>				
	7a	Gross amount from sales of assets	(i) Secunties		(11)) Other	i			
		other than inventory			<u> </u>					
	b	Less cost or other								
		basis & sales exps								
	С	٠ , ,	–							
	d	Net gain or (los		_		<u> </u>				
Р	8a		m fundraising ever	nts		į				
enı		(not including \$				İ				
Other Revenu		of contributions re					1			
er		See Part IV, line 1		a						
Oth	b			ь[
	С	Net income or (events	•				
	9a	Gross income from		1						
		See Part IV, line 1		a						
		Less direct exp		b∫			1			
		•	· ·	ng activ r	<u>/ities</u>	▶				
	10a	Gross sales of								
		returns and allo		a						
		Less cost of go		, p[Ī			
	<u>c</u>	Net income or (of inve	entory	P				
	44-		ellaneous Revenue			Busn Code	ł			
	11a					 		<u> </u>		<u> </u>
	b					 		 -		
	٦ C	All atherses				├				
	d	All other revenu				<u> </u>				·
	e 12	Total Add lines				•	116,496	17		11/ 470
	12	Total revenue.	. See instruction	ຮ		▶	110,496	1 /	0	116,479

Part IX	Statement o	f Functio	nal Ex	penses	
<u>-orm 990 (2013</u>	<u> </u>	GAMMA	RHO	FRAIL	LINT.

Section	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			te column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	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,			1	
	organizations, and individuals outside the			1	
	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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting Lobbying				
	Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	<u> </u>	-		
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	24,532		24,532	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	33,685		33,685	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,970		18,970	
23	Insurance				
24	Other expenses Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	DUES	20,912	20,912		· · · · · · · · · · · · · · · · · · ·
þ	INSURANCE	6,829	6,829		
C	SOCIAL EXPENSE	2,725	2,725		
d	BANK SERVICE CHARGES	629	629		
	All other expenses	100 200	21 00	77 107	0
	Total functional expenses Add lines 1 through 24e	108,282	31,095	77,187	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2013)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 20,611 22. 61 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 579<u>,661</u> 10b 598<u>,631</u> 10c **b** Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 602,280 619,242 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 599,067 25 of Schedule D 599,067 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), 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 28 29 Permanently restricted net assets X and Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds <u>20,174</u> 32 32 20,174 33 33 Total net assets or fund balances 619,241 602,280 34 Total liabilities and net assets/fund balances

orm	990 (2013) ALPHA GAMMA RHO FRATERNITY	23-7321941			Pag	e 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line i	n this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		1		6,4				
2	Total expenses (must equal Part IX, column (A), line 25)		2	10	8,2				
3	Revenue less expenses Subtract line 2 from line 1		3		8,2	<u>14</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, coli	umn (A))	4	2	0,1	<u>.74</u>			
5	Net unrealized gains (losses) on investments		5						
6	Donated services and use of facilities		6						
7	Investment expenses 7								
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)		9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	ual Part X, line							
	33, column (B))		10	2	28,3	888			
Pa	rt XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line i	n this Part XII							
					Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accre	ual Other		_	- 1				
	If the organization changed its method of accounting from a prior year or checke	d "Other," explain in			- 1				
	Schedule O				1				
2a	Were the organization's financial statements compiled or reviewed by an independent	ndent accountant?		2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were compiled or			1				
	reviewed on a separate basis, consolidated basis, or both				1				
	Separate basis Consolidated basis Both consolidated and	d separate basis			- 1				
b	Were the organization's financial statements audited by an independent account	ant?		2b		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were audited on a			[
	separate basis, consolidated basis, or both				1				
	Separate basis Consolidated basis Both consolidated and	d separate basis			ŧ				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of ar	independent accountant?		2c					
	If the organization changed either its oversight process or selection process duri	ng the tax year, explain in			I				
	Schedule O				ŧ				
3а	As a result of a federal award, was the organization required to undergo an audit	t or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?			3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps take	n to undergo such audits		3b					
				Fom	n 990	(2013)			

SCHÉDULE D (Form 990)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

	of the organization	mployer id	dentification number	
	LPHA GAMMA RHO FRATERNITY			
	ETA EPSILON CHAPTER			321941
Pa	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to Fo		ounts	•
		(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	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to F	orm 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization (check al			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically import	ant land	area
	Protection of natural habitat	Preservation of a certified historic sti		alea
	Preservation of open space	Trescredibilities a certified historic st	ucture	
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	1	
-	easement on the last day of the tax year	allow contribution in the form of a concervation	· m	Held at the End of the Tax Year
а	-		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
d				
Ī	historic structure listed in the National Register	, and not on a	2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization di		
•	tax year ▶	.g 2, g	•	
4	Number of states where property subject to conservation easement is loc	cated ▶		
5	Does the organization have a written policy regarding the periodic monitor			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, and	ŀ	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	es the	
	organization's accounting for conservation easements	III A size I Toron Character	-:I A	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		nnar A	isseis.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		e sheet	
	works of art, historical treasures, or other similar assets held for public ex		_	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance s	neet	
	works of art, historical treasures, or other similar assets held for public ex	•		
	public 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 treasures, or o	ther similar assets for financial gain, provide	he	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items		
а	Revenues included in Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X			\$

Sched	<u>lule D (Form 990) 2013 — ALPHA GA</u>	<u>MMA RHO FRA</u>	TERNITY		23-73	<u> 321941 </u>	Page 2
Pai	rt III Organizations Maintainir	g Collections of	Art, Historical Tr	easures, c	r Other	Similar Asset	ts (continued)
	Using the organization's acquisition, access collection items (check all that apply)	on, and other records,	check any of the follow	ving that are a	significant	use of its	
а	Public exhibition	d 🗌	Loan or exchange pro-	grams			
b	Scholarly research	е 🗍	Other				
С	Preservation for future generations	_					
4	Provide a description of the organization's co	ollections and explain h	now they further the org	ganization's ex	cempt purp	ose in Part	
	XIII						
5	During the year, did the organization solicit of	or receive donations of	art, historical treasures	s, or other sım	ılar		
	assets to be sold to raise funds rather than t	o be maintained as pa	rt of the organization's	collection?			Yes No
Pai	rt IV Escrow and Custodial A	rangements.		_			
	Complete if the organization 990, Part X, line 21	on answered "Yes'	' to Form 990, Pai	rt IV, line 9,	or repor	ted an amoun	t on Form
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or o	other assets n	ot		-
	included on Form 990, Part X?		•				Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing table				
	•	·	•				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance					1f	
	Did the organization include an amount on F	orm 990, Part X, line 2	:17				Yes No
	If "Yes," explain the arrangement in Part XIII			vided in Part X	CH		
	rt V Endowment Funds.						
	Complete if the organization	on answered "Yes'	' to Form 990, Pai	rt IV, line 10)		
		(a) Current year	(b) Pnor year	(c) Two yea		(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and						
	losses		1	į			
d	Grants or scholarships			1			
	Other expenditures for facilities and		1	ĺ			
	programs						
f	Administrative expenses						
	End of year balance						
_	Provide the estimated percentage of the cur	rent vear end balance	(line 1g. column (a)) h	eld as			
	Board designated or quasi-endowment ▶	%	(· · · · · · · · · · · · · · · · · · ·				
	Permanent endowment ▶ %	<u>, </u>					
	Temporarily restricted endowment ▶	%					
•	The percentages in lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse		on that are held and a	dministered fo	r the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required on	Schedule R?				3b
	Describe in Part XIII the intended uses of th	·					· · · · · · · · · · · · · · · · · · ·
•	rt VI Land, Buildings, and Eq						
	Complete if the organization		" to Form 990, Pa	rt IV, line 1	1a. See l	Form 990, Par	t X, line 10
	, Description of property	(a) Cost or other		other basis		ccumulated	(d) Book value
		(investment)	(ot	her)	de	preciation	
1a	Land						
	Buildings			······································			
	Leasehold improvements						
	Equipment	_					
	Other _			787,038		207,377	579,661
	Add lines 1a through 1e (Column (d) must	equal Form 990, Part 2				>	579,661

	om 990) 2013 ALPHA GAMMA RHO FRA	IERNITY	23-7321941	Page .
Part VII	Investments—Other Securities.	to Form 000 Port IV/ line	11h Soo Form 000 Do	rt V. lino 10
	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-yea	
1) Financial d			<u>.</u>	
	eld equity interests			
3) Other	in equity interests			- 4
(A)				•
(B)				
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	7.4
(E)				
(F)				
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.			•
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, Pa	rt X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)			,	
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 Pa	rt X. line 15
	(a) Description	to . o coo, . d.t. tr, m.c		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			00 5
	Complete if the organization answered "Yes" line 25	to Form 990, Part IV, line	11e or 11f See Form 9	9υ, Ραπ X,
<u> </u>	(a) Description of liability	(b) Book value		
` '	income taxes	E72 001		
	SAGE LOAN	573,891		
(3)				
(4)				
(5) (6)				
(7)				
(8)				
			ž .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

573,891

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Schedu	ile D (Form 990) 2013 ALPHA GAMMA RHO FRATERNI	TY 23-73	321941	Page 4
Part		Statements With Revenue p	per Return.	
	Complete if the organization answered "Yes" to Form			
1 T	otal revenue, gains, and other support per audited financial statements		1	
2 A	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a N	let unrealized gains on investments	2a		
b D	Donated services and use of facilities	2b		
c R	Recoveries of prior year grants	2c		
d C	Other (Describe in Part XIII)	2d		
e A	Add lines 2a through 2d		2e	
3 S	Subtract line 2e from line 1		3	
4 A	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b C	Other (Describe in Part XIII)			
c A	Add lines 4a and 4b		4c	
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Part	XII Reconciliation of Expenses per Audited Financial	Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 12a		
1 T	otal expenses and losses per audited financial statements		1	
2 A	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a D	Donated services and use of facilities	2a		
b F	Prior year adjustments	2b		
c C	Other losses	2c		
d C	Other (Describe in Part XIII)	2d		
e A	Add lines 2a through 2d		2e	
3 S	Subtract line 2e from line 1		3	
4 4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a lı	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b C	Other (Describe in Part XIII)	4b		

Part XIII Supplemental Information

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4c 5 AGR 07/14/2015 4 02 PM

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.

2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization

ALPHA GAMMA RHO FRATERNITY

Employer Identification number 23-7321941

BETA EPSILON CHAPTER

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

DEPRECIATION

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. ALPHA GAMMA RHO FRATERNITY

Identifying number

179

	BETA EF	PSILON CHAP	'TER				23-	/32:	1941
usine	ss or activity to which this form relates								
I	NDIRECT DEPRECIATI								
Pa	•	-	erty Under Section						
			, complete Part V be	efore you co	mple	te Part I		T	F00 000
1	Maximum amount (see instructions	•						1	500,000
2	Total cost of section 179 property p	,	•					2	2 000 000
3	Threshold cost of section 179 prope	=		ns)				3	2,000,000
4	Reduction in limitation Subtract line		•			_		4	
<u>5</u>	Dollar limitation for tax year Subtract line							5	
6	(a) Description	of property	(b) C	ost (business use o	only)	(c)	Elected cost		
					-				
								[
7	Listed property Enter the amount fr				7_				
8	Total elected cost of section 179 pr	• •	in column (c), lines 6 and	7				8	
9	Tentative deduction Enter the sma							9	
0	Carryover of disallowed deduction f	•						10	
1	Business income limitation. Enter th		*	,	ee inst	ructions)		11	
2	Section 179 expense deduction Ad			ne 11				12	······
3	Carryover of disallowed deduction t			<u> </u>	13				
	: Do not use Part II or Part III below								
			nd Other Depreciat		•	ide liste	d proper	ty) (S	see instructions.)
4	Special depreciation allowance for		er than listed property) pl	aced in service	e				
	during the tax year (see instructions							14	
5	Property subject to section 168(f)(1	•						15	10 070
<u>6</u>	Other depreciation (including ACRS	•						16	18,970
Pe	rt III MACRS Depreciat	ion (Do not inclu	de listed property) (See instruc	tions.)			· · ·
			Section A					гт	
7	MACRS deductions for assets place	•	• •					17	0
8	If you are electing to group any assets placed i					Domin	eietien Si		
	Section B—/	1	rvice During 2013 Tax Y		Gene	rai Depre	ciation Sy	stem	-,
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
9a	3-year property								
b	5-year property			_					<u></u>
С	7-year property								
d	10-year property								
е	15-year property]							
f	20-year property								·
g	25-year property	<u></u>		25 yrs			S/L		<u> </u>
h	Residential rental			27 5 yrs		MM	S/L		
	property			27 5 yrs	Ĺ	MM	S/L		
i	Nonresidential real			39 yrs		ММ	S/L		
	property					MM	S/L		
	Section C—As	ssets Placed in Serv	rice During 2013 Tax Ye	ar Using the A	Alterna	tive Dep	reciation S	System	·
0a	Class life						S/L		- <u></u> -
b	12-year			12 yrs			S/L		
С	40-year	<u></u>	L	40 yrs		MM	S/L]	
Pa	ert IV Summary (See ins	tructions)							
1	Listed property Enter amount from	line 28						21	
2	Total. Add amounts from line 12, lin	nes 14 through 17, lin	nes 19 and 20 in column (g), and line 21	Enter	here			
	and on the appropriate lines of your	r return Partnerships	and S corporations—see	instructions				22	18,970
3	For assets shown above and place	d in service during the	e current year, enter the						
	portion of the basis attributable to s	section 263A costs			23_				