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Form **990-EZ** 

# **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)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

| Acresa cross   Part   APPHA GAMMA DELTA FRATERNITY   T1-6056833   Room/sule   Elephone number   Elephone number   Room/sule   Elephone number   Elephone  |   |              | e 2014 calendar year, or tax year beginning JUL 1, 20                               | 14 and en                              | ding JÜ         | и 30        | , 2015                                  |
|---|---|--------------|---|--|-----------------|-------------|---|
| ALPHA GAMMA DELTA FRATERNITY   71-6056833   Promise the properties of Policy of Pol   | B Check if applicable C Name of organization D Employer Identification number 1 |              |   |  |                 |             |   |
| Number and street (or P. D. Dex, it mails and delivered to sizeet address)  |   | Addr         | ess change EPSILON ZETA CHAPTER OF  |  |                 |             |   |
| P. O. BOX 1026   Sartown remained refurn   City or forwn, state or province, country, and ZIP or foreign postal code   Foroup Exemptions   STATE UNIVERSITY, AR 72467   Number ▶ 416   Accuration the (specify) ▶   H Check ▶ X of the organization is the Website: ▶ WWW. ALPHAGAMMADELTA. ORG   Number ▶ 416   H Check ▶ X of the organization is the Website: ▶ WWW. ALPHAGAMMADELTA. ORG   Number ▶ 416   H Check ▶ X of the organization is the very limited to the province of the control of   |   | Nam          | e change ALPHA GAMMA DELTA FRATERNITY   |  |                 | 71          | -6056833                                |
| Annewtier status   City or Town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   41.6   |   | Initia       |   | Room/suite                             | E Teleph        | none number |   |
| Destrates section   STATE UNIVERSITY   AR 7.2467   Number   1.16  |   | Final termi  | nated   P.O. BOX 1026   |  |                 | 87          | 08332082                                |
| Received   According Method:   X  Cash   Accord   Other (speedly)   |   | Ame          | onded return City or town, state or province, country, and ZIP or foreign postal co | ode                                    |                 | F Group     | Exemption                               |
| Accounting Method:   X  Cash  |   | Annbo        | ation pending STATE UNIVERSITY, AR 72467  |  |                 | Numb        | er ▶ 416                                |
| Webstle:   WWW. ALPHAGAMMADELTA. ORG   Tax-exempt status (check only one)   501(c)]   \$301(c)]   \$101(c)]   \$101(c)] | G   |              |   |  |                 | H Check     | X if the organization is                |
| Reformed lorganization  | ſ   | Websi        | te: ► WWW.ALPHAGAMMADELTA.ORG   |  |                 |             |   |
| Reformed lorganization  | J   | Tax-ex       | tempt status (check only one) — 501(c)(3) X 501(c) (7 ) ◀(ins                       | ert no.) 4947(a)(1)                    | or 527          | (Form       | 990, 990-EZ, or 990-PF)                 |
| L Add kines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II)    Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to organization used and seases and contract the Schedule 0 to contributions  Check if the organization used organization in the organization in this Part I  Check if the organization used organization in the Schedule Schedule Gift the sum of such gross income from fundraising events (not including \$\frac{5}{10000}\$  Company and fundraising events (not including \$\frac{5}{10000}\$  Company and fundraising events (add lines 6a and 6b and subtract line 6c)  To least direct expenses (service in Schedule 0)  SEE SCHEDULE 0  10 Grants and similar amounts paid (list in Schedule 0)  10 Grants and similar amounts paid (list in Schedule 0)  11 Grants and similar amounts paid (list in Schedule 0)  12 Salares, other compensation, and employee benefit   | _   |              |   |  |                 |             |   |
| Column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-FZ   Check if the organization used Schedule O to respond to any question in this Part I  |   |              | • - •   |  |                 |             |   |
| Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used of assess shell and contracts  SEE SCHEDULE O  SEE SCHEDULE O  SEE SCHEDULE O  Check if the organization used of assess of the than inventory (Subtract line 5b from line 5a)  Gaming and fundraising events (not including \$  of contributions  from fundraising events (not including \$  of contributions  check of the sum of such gross income from quanting (attach Schedule G if greater than style)  Style organization of the sum of such gross income from fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese form gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Check genese (describe in Schedule O)  Check genese (describe in Schedule  |   |              |   | ,,,                                    | (               | ,<br>•      | s 180,214.                              |
| Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Garrian and service and assess other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5h from line 5a) 6 Garriang and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming and fundraising events (not including \$ of contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less cost of goads sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 1 78, 693. 10 Grants and similar amounts pad (list in Schedule 0) 11 Grants and similar amounts pad (list in Schedule 0) 12 Grants and other payments to independent contractors 13 10, 7, 35. 14 0ccupancy, rent, utilities, and maintenance 14 27, 680. 15 1 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) 19 62, 624. 20 Other changes in net assets or fund balances at end of year. (Combine lines 18 through 20 21 Net assets or fund balances at end of year. (Combine lines 18 through 20 22 Other changes in net asset  | _   |              | Revenue, Expenses, and Changes in Net Assets o                                      | r Fund Balances                        | (see the instru | ctions for  | r Part I)                               |
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| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, 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 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 62, 624. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  |   | c            | •   | <del></del>                            |                 |             |   |
| Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 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  22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20   |   | 1            |   | and subtract line 6c)                  |                 |             | sd 4.416.                               |
| b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, 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  7b  8  |   |              | ,   | 1 1 '                                  |                 | -           |   |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, 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  Excess or (deficit) for the year (Subtract line 17 from line 9)  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  7c  8  17 Total expenses  10 SEE SCHEDULE O  11 114, 488.  12  12  13 10, 735.  14 27, 680.  15 15  16 16,008.  17 174, 641.  |   |              |   |  |                 |             |   |
| 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, 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  22 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20  24 Octage in SEE SCHEDULE O 25 Octage in SEE SCHEDULE O 26 Octage in SEE SCHEDULE O 27 Octage in SEE SCHEDULE O 28 Octage in SEE SCHEDULE O 38 Octage in SEE SCHEDULE O 39 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 31 Octage in SEE SCHEDULE O 31 Octage in SEE SCHEDULE O 32 Octage in SEE SCHEDULE O 33 Octage in SEE SCHEDULE O 34 Octage in SEE SCHEDULE O 36 Octage in SEE SCHEDULE O 37 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 31 Octage in SEE SCHEDULE O 31 Octage in SEE SCHEDULE O 32 Octage in SEE SCHEDULE O 33 Octage in SEE SCHEDULE O 34 Octage in SEE SCHEDULE O 35 Octage in SEE SCHEDULE O 36 Octage in SEE SCHEDULE O 37 Octage in SEE SCHEDULE O 38 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 31 Octage in SEE SCHEDULE O 32 Octage in SEE SCHEDULE O 33 Octage in SEE SCHEDULE O 34 Octage in SEE SCHEDULE O 36 Octage in SEE SCHEDULE O 37 Octage in SEE SCHEDULE O 38 Octage in SEE SCHEDULE O 38 Octage in SEE SCHEDULE O 39 Octage in SEE SCHEDULE O 30 Octage in SEE SCHEDULE O 30   |   |              | •   | <u> </u>                               |                 | ┤,          | 70                                      |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, 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  10 5,730. 11 114,488. 12 12 13 10,735. 14 27,680. 15 16 16,008. 17 174,641. 18 4,052.  |   | 1            |   |  |                 | -           | <del></del>                             |
| 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, 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 21 666,676.  |   |              |   |  |                 | -           |   |
| 11 Benefits paid to or for members  12 Salaries, 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  11 114,488.  12  12  13 10,735.  14 27,680.  15  16 16,008.  17 174,641.  19 62,624.  |   | +            | ······································  | SEE SCHET                              | ULE O           |             |   |
| 12   Salaries, other compensation, and employee benefits   12     13   Professional fees and other payments to independent contractors   13   10,735.   14   27,680.   15   Printing, publications, postage, and shipping   15   15   16   16,008.   17   Total expenses. Add lines 10 through 16   17   174,641.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   Excess or (deficit) for the year (Subtract line 17 from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   62,624.   20   0.   Net assets or fund balances at end of year. Combine lines 18 through 20   21   66,676.   |   |              | • •   |  |                 | <b>⊢</b>    |   |
| Professional fees and other payments to independent contractors  13 10,735.  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  Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (ind 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  13 10,735. 14 27,680. 15 15 16 16,008. 17 174,641. 18 4,052. 19 62,624.   | ø   | 1            | ·   |  |                 | <b>—</b>    |   |
| 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20  16 16,008. 17 174,641.  18 4,052.  19 62,624.  | Se  | 1            |   |  |                 |             |   |
| 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20  16 16,008. 17 174,641.  18 4,052.  19 62,624.  | per   | F            | • •   |  |                 | - ⊢         |   |
| 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  16 16,008.  17 174,641.  18 4,052.  19 62,624.  | Ä   |              |   |  |                 |             |   |
| 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 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 174,641.  18 4,052.  19 62,624.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  21 66,676.  |   |              |   | SEE SCHET                              | ULE O           | <b>⊢</b>    |   |
| 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 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 4,052.  19 62,624.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  |   |              | ·   | DDD DCIIDD                             | 0000            |             | 174.641.                                |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 62,624. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20  > 21 66,676.  |   | +            |   | <del></del>                            |                 |             | 18 4.052                                |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | ets   | 1            |   |  |                 | <b>├</b>    |   |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | SS  | '*           |   |  |                 |             | 62.624                                  |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | et A  | 20           |   |  |                 |             | 0 |
|   | ž   |              | •   |  |                 |             | 66 676                                  |
|   |   | <del>-</del> |   |  |                 |             | Form <b>990-EZ</b> (2014)               |



|   | ' EPSILON ZETA CHAPTER OF  |  |   |                |                      |   |
|---|--|--|---|----------------|----------------------|---|
| Forn  | 990-EZ (2014) ALPHA GAMMA DELTA FRATERI  | YTIN                                   |   | 71-            | 6056                 | 833 Page :                                |
| Pa  | rt II Balance Sheets (see the instructions for Part II)  |  |   |                |                      |   |
|   | Check if the organization used Schedule O to res   | spond to any question                  | in this Part II                         |                |                      |   |
|   |  | (A                                     | N) Beginning of year                    | Т              | (B                   | ) End of year                             |
| 22  | Cash, savings, and investments   |  | 62,624                                  | . 22           |                      | 66,676.                                   |
| 23  | Land and buildings   |  | <del></del>                             | 23             |                      |   |
| 24  | Other assets (describe in Schedule 0)  |  |   | 24             |                      |   |
| 25  | Total assets   |  | 62,624                                  | • 25           |                      | 66,676.                                   |
| 26  | Total liabilities (describe in Schedule 0)   |  | 0                                       | • 26           |                      | 0,  |
| 27  | Net assets or fund balances (line 27 of column (B) must agree with line 21)  |  | 62,624                                  | . 27           |                      | 66,676.                                   |
| Pa  | rt III   Statement of Program Service Accomplishme   | nts (see the instruction               |   |                | i                    | Expenses                                  |
|   | Check if the organization used Schedule O to res   | spond to any question                  | in this Part III                        | X              |                      | ed for section                            |
| Wha   |  | 5                                      |   |                |                      | (3) and 501(c)(4)<br>ations; optional for |
| Desc  | ibe the organization's program service accomplishments for each of its three largest program   | services, as measured by expenses      | s In a clear and concise                |                | others               |   |
|   | er, describe the services provided, the number of persons benefited, and other relevant infor  |  |   |                | 1                    |   |
| 28  | CHARITABLE & EDUCATIONAL ACTIVITIES  | 3                                      |   |                |                      |   |
|   |  | ······································ | <del></del>                             |                | 1                    |   |
|   |  | <del> </del>                           | · · · · · · · · · · · · · · · · · · ·   |                | l                    |   |
|   | (Grants \$ ) If this amount includes foreign   | grants, check here                     | <b>•</b>                                |                | 28a                  |   |
| 29  | / It the Little and It is a second of the se | graints, stress riss                   |   |                |                      |   |
|   | · · · · · · · · · · · · · · · · · · ·  |  | · · · · · · · · · · · · · · · · · · ·   |                |                      |   |
|   | · · ·  |  | <del></del>                             |                | 1 1                  |   |
|   | (Grants \$ ) If this amount includes foreign   | grants check here                      |   |                | 29a                  |   |
| 30  | The first amount more consists   | grants, encoknere                      |   |                | <del>  -   -  </del> |   |
| ••  |  |  | -                                       | _              |                      |   |
|   |  |  |   |                |                      |   |
|   | (Grants \$ ) If this amount includes foreign   | grants check here                      |   | $\Box$         | 30a                  |   |
| 31  | Other program services (describe in Schedule O)  | grants, check here                     | <del></del>                             |                | 1555                 |   |
|   | (Grants \$ ) If this amount includes foreign   | grants check here                      | _                                       |                | 31a                  |   |
|   | Total program service expenses (add lines 28a through 31a)   | grants, check here                     | ··- ··· ··· ··· ··· ··· ··· ··· ··· ··· | ▔              | 32                   | -   |
| Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) |  |  |   |                |                      |   |
| ٠٠٠٠  | Check if the organization used Schedule O to res   | • -                                    |   |                |                      |   |
|   | Sheak it the organization about conclude of to res   | (b) Average hours                      |   | ( <b>d</b> ) н | alth benef           | its, (e) Estimated                        |
|   | (a) Name and title   | per week devoted to                    | compensation (Forms                     |                | ributions to         |   |

| Check if the organization used Schedule O to respond to any question in this Part IV |  |   |   |  |  |  |
|--|--|---|---|--|--|--|
| (a) Name and title   | (b) Average hours<br>per week devoted to<br>position | (C) Reportable<br>compensation (Forms<br>W-2/1099-MISC)<br>(if not paid, enter -0-) | (d) Health benefits,<br>contributions to<br>employee benefit<br>plans, and deferred<br>compensation | (e) Estimated amount of other compensation |  |  |
| JESSICA BAKER<br>CHAPTER ADVISOR   | 10.00  | 0.  | 0.  | 0.   |  |  |
|  | 10.00  | 0.  | 0.  | <u> </u>                                   |  |  |
| MADISON ADAMS  | 15 00  | 0.  | ۸ ا   | ,  |  |  |
| CHAPTER PRESIDENT  | 15.00  | 0.  | 0.  | 0.   |  |  |
| MONICA NORMAN  | 15.00  |   |   |  |  |  |
| VP FINANCE   | 15.00  | 0.  | 0.  | 0.   |  |  |
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|  | L  | l   |   | 200 57                                     |  |  |

EPSILON ZETA CHAPTER OF Form 990-EZ (2014) ALPHA GAMMA DELTA FRATERNITY 71-6056833 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V  $\mathbf{x}$ Yes No 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 X 33 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) X 34 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)? 35a Х N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 Х 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Х 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations Enter: 10,600 39a a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/AN/A ; section 4912 🕨 ; section 4955 🕨 section 4911 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 N/A of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on N/A organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed N/A by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 42a The organization's books are in care of ► JESSICA BAKER Telephone no ► 8708332082 Located at ▶ P.O. BOX 1026, STATE UNIVERSITY, ZIP+4 ► 72467

| 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                          |     | Yes | No |
|   | account)?  | 42b |     | X  |
|   | If "Yes," enter the name of the foreign country:   |     |     |    |
|   | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |     |     | ĺ  |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S?                                      | 42c |     | X  |
|   | If "Yes," enter the name of the foreign country:   |     |     |    |

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A 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 |     | х  |
| C    | Did the organization receive any payments for indoor tanning services during the year?   | 44c |     | Х  |
| d    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  |     |     |    |
|      | ın Schedule O  | 44d |     |    |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a |     | X  |
| b    | 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 8 may need to be completed instead of Form 990-F7 (see instructions) | 45b |     |    |

Form 990-EZ (2014)

EPSILON ZETA CHAPTER OF Form 990-EZ (2014) 71-6056833 ALPHA GAMMA DELTA FRATERNITY Yes No 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 Х 46 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 Yes No 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If "Yes," was the related organization a section 527 organization? 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." (d) Health benefits, (a) Name and title of each employee (b) Average hours (e) Estimated (C) Reportable mpensation (Forms W-2/1099-MISC) per week devoted to amount of other employee benefit plans, and deferred compensation compensation position N/A f Total number of other employees paid over \$100,000 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." N/A (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 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a \_\_ Yes L completed Schedule A 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 Barrie ()A) I (\begin{array}{c} \cdot \end{array} Sign Here JESSICA BAKER, CHAPTER ADVISOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check If PTIN self- employed Paid Preparer Firm's name Firm's EIN ▶ Use Only Firm's address Phone no. Yes May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2014)

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
EPSILON ZETA CHAPTER OF
Emplo

OMB No 1545-0047

Open to Public Inspection

Name of the organization ALPHA GAMMA DELTA FRATERNITY Employer identification number 71-6056833

| ALPHA GAMMA DELTA FRATERNITY   | /1-0030833                    |
|--|-------------------------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:  |                               |
| DESCRIPTION OF PROPERTY:   | AMOUNT:                       |
| INTEREST INCOME  | 57.                           |
|  |                               |
| FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:  |                               |
| FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:  |                               |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10   | 5,730.                        |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  |                               |
| DESCRIPTION OF OTHER EXPENSES:   | AMOUNT:                       |
| BANK CHARGES   | 2,914.                        |
| CONFERENCES & CONVENTIONS  | 5,370.                        |
| SUPPLIES   | 7,724.                        |
| TOTAL TO FORM 990-EZ, LINE 16  | 16,008.                       |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ALPHA GAMMA                                    | DELTA IS AN                   |
| INTERNATIONAL FRATERNITY FOR WOMEN THAT EXISTS TO PROVIDE C                                    | PPORTUNITIES                  |
| FOR PERSONAL DEVELOPMENT THROUGH THE SPIRIT OF SISTERHOOD.                                     | 1. WE                         |
| SUPPORT LIFELONG LEARNING AS A MEANS TO GAIN UNDERSTANDING                                     | AND WISDOM.                   |
| 2. WE PROMOTE THE VALUE OF FRATERNAL MEMBERSHIP AND COMMITT                                    | MENT TO                       |
| HIGHER EDUCATION. 3. WE HELP PREPARE MEMBERS TO CONTRIBUTE                                     | TO THE                        |
| WORLD'S WORK. 4. WE ADVOCATE LIFETIME INVOLVMENT IN ALPHA                                      | GAMMA DELTA.                  |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT                                    | C CONTRACTS:                  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUND                                    |                               |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule | O (Form 990 or 990-EZ) (2014) |

### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047

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EPSILON ZETA CHAPTER OF Emplo

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

| ALPHA GAMMA DELTA FRATERNITY                              | 71-6056833     |
|---|----------------|
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT | RACT.          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI | UMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.            |                |
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