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DLN: 93492342004015

OMB No 1545-1150

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) ▶ 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 $\underline{www.irs.gov/form990}$.

Open to Public

		the Treasury nue Service				In	spection
			 · year, or tax year beginning 09-01-2014	2015			
		f applicable	C Name of organization		D Employ	er ident	ification number
		change	LINCOLN ALUMNI CHAPTER ALPHA GAMMA RHO FRATERNITY		47-6036	5061	
	lame c		Number and street (or P O box, if mail is not delivered to street address) Room/su PO BOX 5839	ite	E Telephor	ne numbe	er
 	nitial re inal	eturn	10 BOX 3033		((402) 380	0-4969
	n/term	unated	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex		
_		ed return	LINCOLN, NE 68505		Number	•	
I A	pplicat	ion pending					
		_		H Check ▶	. ▼ _{If the}	organı:	zation is not
G A	ccoun	nting Method	Cash Accrual Other (specify) ►		to attach s		
ΙW	ebsite	e: 🕨 N/A		(FOIIII 9)	90,990-E	<u>, or 99</u>	(U-PF)
1 Tay	v-0von	nnt status(sheek or	nly one) - 501(c)(3)				
			Corporation Trust Association Other		£ + - + -		et II. a a luman
(B)	aa iine below	es 50, 60, and 7 r) are \$500,000	b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, file Form 990 instead of Form 990-EZ	or more, or i	rtotal asse + \$ 37		T II, Column
Pa	art I		Expenses, and Changes in Net Assets or Fund Balance				
		Check if the	organization used Schedule O to respond to any question in this Part	·	<u></u>	<u></u>	<u></u>
	1	Contributions	, gifts, grants, and similar amounts received			1	
	2	Program servi	ce revenue including government fees and contracts			2	
	3	Membership d	ues and assessments			3	36,900
	4	Investment in	come			4	15
	5a		from sale of assets other than inventory	5a			
₫	ь	Less cost or	other basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
å	6	Gaming and fundraising events					
	a	Gross income	from gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		from fundraising events (not including \$of contribution	S .			
			ng events reported on line 1) (attach Schedule G if the	 			
		=	ross income and contributions exceeds \$15,000)	6b			
	c		xpenses from gaming and fundraising events	6c			
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and su	1	:)	6d	
	7a		f inventory, less returns and allowances				
	Ь	Less cost of					
	C		r (loss) from sales of inventory (Subtract line 7b from line 7a)		ŀ	7c	
	8		e (describe in Schedule O)			8	385
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	37,300
	10		milar amounts paid (list in Schedule O)		ŀ	10	4,000
	11		to or for members			11	
	12	•	r compensation, and employee benefits			12	
Se S	13		ees and other payments to independent contractors			13	5,015
Expenses	14		ent, utilities, and maintenance			14	
а́	15		cations, postage, and shipping			15	
	16		es (describe in Schedule O)			16	28,210
	17		s. Add lines 10 through 16		▶	17	37,225
Ę.	18		ficit) for the year (Subtract line 17 from line 9)			18	75
NetAssets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must ag	ree with			
et.		end-of-year fi	gure reported on prior year's return)			19	243,618
Ż	20	O ther change	s in net assets or fund balances (explain in Schedule O)			20	
	21		fund balances at end of year Combine lines 18 through 20		🟲	21	243,693
For	Dane	rwork Reduction	n Act Notice see the senarate instructions Cat No.	106421	1	orm O	90-F7 (2014)

Form 990-EZ (2014)					Page 2
	the instructions for Part II) used Schedule O to respond to	any question in this Pa	rt II		
		(4)	Paginning of year		(P) End of year
22 Cash, savings, and investments		(A)	Beginning of year 203,618	22	(B) End of year 221,693
23 Land and buildings			200,010	23	
24 Other assets (describe in Sched	ule O)		40,000	24	22,000
25 Total assets			243,618	25	243,693
26 Total liabilities (describe in Sche	dule O)			26	
27 Net assets or fund balances (line	27 of column (B) must agree w	th line 21)	243,618	27	243,693
	ram Service Accomplishr		· —		Expenses equired for section 501
What is the organization's primary exe SUPPORT OF EDUCATIONAL ACTI					(3) and 501(c)(4) janizations, optional for
Describe the organization's program s measured by expenses In a clear and benefited, and other relevant informat	service accomplishments for ead concise manner, describe the			oth	ners)
28 SUPPORT OF EDUCATIONAL ACINCLUDING HOUSING WHILE ATTE (Grants \$)			,	28a	
29	Trems amount metades foreign	grants, eneck nere		200	
(Grants \$)	If this amount includes foreign	grants, check here	▶⊏	29a	
30		<u> </u>	,	230	
(0)	7611				
(Grants \$) 31 Other program services (describe	If this amount includes foreign in Schedule O)	grants, check here .	<u> ► ┌</u>	30a	
	If this amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (a				32	
	s, Trustees, and Key Employees used Schedule O to respond to				
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
DEREK BETKA PRESIDENT	4 00	0	·		
MITCH MATTHIESEN SECRETARY	1 00	0			
ROSS JENSEN TREASURER	2 00	0			
SKIP HECOX DIRECTOR	1 00	0			
DAVE PAINTER DIRECTOR	1 00	0			
ROBBIE PETERSON DIRECTOR	1 00	0			
BRETT KREIFELS ADVISOR	3 00	0			
WILL CORMAN DIRECTOR	1 00	0			
KYLE SCHMIT DIRECTOR	1 00	0			
TYLER WILLIAMS ADVISOR	3 00	0			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l</u>		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
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		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
ь	Did the organization file Form 1120-POL for this year?	37b		No		
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? \cdot . \cdot	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911, section 4912, section 4955					
b	Section $501(c)(3)$, $501(c)(4)$, 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed					
42a	The organization's books are in care of ROSS JENSEN Telephone no	<u>(40</u>	2)380	<u> 4969</u>		
	Located at ► PO BOX 5839 LINCOLN, NE ZIP + 4	6	8505			
ь	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)?	42b	Yes	No No		
	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)					
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Г		
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		No		
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		No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	770		110		
u	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					

orm 990-EZ (2	2014)						Page 4
						Yes	No
	ganization engage, directly s for public office? If "Yes,"			• • •	l l		1
			rtı		46		No
	ection 501(c)(3) orga Il section 501(c)(3) orga		questions 47-49h ar	nd 52 and complete the	tables	for lir	nes 50
ar	nd 51		•			101 111	-
Cł	neck if the organization use	d Schedule O to respond t	o any question in this P	art VI	<u> </u>		<u> </u>
						Yes	No
	ganızatıon engage ın lobbyı complete Schedule C, Part I		tion 501(h) election in		, . 47		
I8 Is the org	anızatıon a school as descr	ribed in section 170(b)(1)((A)(II)? If "Yes," compl	ete Schedule E .	. 48		
9a Did the or	ganızatıon make any transf	ers to an exempt non-char	ritable related organizat	tion?	. 49a		
b If "Yes." v	was the related organization	n a section 527 organizatio	on?		49b		
						nd kay	
	this table for the organizati s) who each received more						
(a) Name an	d title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Est of other		
			,	compensation			
					<u> </u>		
of comper	this table for the organizationsation from the organization. Name and business addre	n If there is none, enter "I	None "	ractors who each received (b) Type of service		an \$100 ompen:	•
	mber of other independent of	-		•	-		
	organization complete Sche ted Schedule A	edule A / NOTE. All Section	1 501(c)(3) organizatio	ns must attach a		┌ Yes	s Γ No
	of perjury, I declare that I hav elief, it is true, correct, and c						
k .	****			2015 14 22			
ign 🏻 🗗 🖥	Signature of officer			2015-11-30 Date			
	ROSS JENSEN TREASURER						
<u> </u> 	Type or print name and title	Denomia constru	a In	a DTIN			
aid	Print/Type preparer's name SUMAN VALLABHBHAI CPA	Preparer's signature		I CHECK I II I	90468		
raid Preparer	Firm's name BUCKLEY & 9	SITZMAN LLP		Firm's EIN ► 47-0350)235		
Ise Only	Firm's address ► 4240 PIONEE	R WOODS DR		Phone no (402) 484-	7676		
inj	LINCOLN, NE						
	·	anarar shawa ahaya? Saa			. V		No

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As Filed Data -

DLN: 93492342004015

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization LINCOLN ALUMNI CHAPTER ALPHA GAMMA RHO FRATERNITY Employer identification number

47-6036061

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I	4,000 GRANT TO UN FOUNDATION
FORM 990-EZ, PART I, LINE 8	NET ACTIVITY INCOME 385 TOTAL 385
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 915 MAILINGS 1,500 MEETINGS / CONFERENCE 5,102 INSURANCE 1,326 HO USE SUPPLIES 5,572 MISCELLANEOUS 102 SOCIAL & FRATERNITY 13,693 TOTAL 28,210
FORM 990-EZ, PART II, LINE 24	RECEIVABLE FROM AFFILIATE 40,000 22,000 TOTAL 40,000 22,000