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SCANNED DEC 3 0 2016

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)

2015

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.lrs.gov/form990.

Open to Public Inspection

$\overline{\Delta}$	For th	e 2015 calendar year, or tax year beginning JUL 1, 201	5 and endin	g JUN	30, 2	2016
В	Check i	O Name of organization			<u>_</u>	dentification number
۲-	applical	EDOTION GERN OUNDWED OF	Linpioyeri			
-	\neg	ALDIA CAMA DELEA EDAGENITAV	71 60	056833		
늗	\neg	Number and street for B.O. how if mail is not delivered to street addre	ice) ID	oom/suite E	Telephone	
F	Final	return/ D O DOY 1036	•	332082		
늗	term	City or town state or province country and 7IP or foreign poetal and	10			
-	ᅴ ^{Ame}	1000	IC	<u> </u>	Group Exer	
<u>_</u>		ation pending STATE UNIVERSITY, AR 72467			Number -	
		nting Method: X Cash Accrual Other (specify)		('	-	X if the organization is
		te: ► WWW.ALPHAGAMMADELTA.ORG	_ 		•	d to attach Schedule B
		tempt status (check only one) $-$ 501(c)(3) \times 501(c) (7) \prec (insert				990-EZ, or 990-PF).
		of organization: Corporation Trust Association	X Other SOCIA			ION
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200	,000 or more, or if total as	ssets (Part II,		466.464
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	169,424.
LP	art I	Revenue, Expenses, and Changes in Net Assets or	•	ee the instruc	tions for Pari	•
		Check if the organization used Schedule O to respond to any question in this F	Part I			X
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	151,915.
	4	Investment income	SEE SCHEDU	LE O	4	376.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less; cost or other basis and sales expenses	_5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)		5c	
	6	Gaming and fundraising events				
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than			1 1	
enc		\$15,000)	6a			
Revenue	Ь	Gross income from fundraising events (not including \$	of contributions		1 1	
ш.		from fundraising events reported on line 1) (attach Schedule G if the sum of suc	h			
	-	gross income and contributions exceeds \$15,000)	6b	17,13		
	C	Less: direct expenses from gaming and fundraising events-	6c	1,64	3.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract line 6c)		6d	15,490.
	7a	Gross sales of inventory, less returns and allowing test 19 3 2010	7a			
	b	Less; cost of goods sold	7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	167,781.
	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEDU	LE O	10	14,433.
	11	Benefits paid to or for members			11	86,527.
es	12	Salaries, other compensation, and employee benefits	•		12	
SUS	13	Professional fees and other payments to independent contractors			13	8,199.
Expens	14	Occupancy, rent, utilities, and maintenance			14	30,780.
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)	SEE SCHEDU	LE O	16	7,789.
	17	Total expenses Add lines 10 through 16			▶ 17	147,728.
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	20,053.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
	1	(must agree with end-of-year figure reported on prior year's return)			19	66,676.
Ne.	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	86,729.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2015)

1

Forn	n 990-EZ (2015) ALPHA GAMMA DELTA FRATEF	RNITY		71	-60	568	33	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to re	espond to any que	stion in this Part II					
			(A) Beginning of year			(B) E	nd of year	
22	Cash, savings, and investments		66,676	5 . 2	2		86,	729.
23	Land and buildings			2	3			
24	Other assets (describe in Schedule 0)			2	4			
25	Total assets		66,676	5 . 2	5		86,	729.
26	Total liabilities (describe in Schedule 0)) . 2	6			0.
27			66,676		7		86,	729.
Pá	art III Statement of Program Service Accomplishm	nents (see the instr	uctions for Part III)		Т	Ex	penses	
	Check if the organization used Schedule O to re		stion in this Part III	X			for section and 501(c	
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0					ons; optio	
	cribe the organization's program service accomplishments for each of its three largest progra		xpenses in a clear and concise)	oth	ers.)		
	ner, describe the services provided, the number of persons benefited, and other relevant inf							
28	CHARITABLE & EDUCATIONAL ACTIVITIE	ES						
	<u></u>							
					.			
	(Grants \$) If this amount includes foreign	n grants, check here		<u> </u>	28a			
29		<u> </u>				ļ		
					.) !			
	(Grants \$) If this amount includes foreign	n grants, check here		· <u>L</u> .] 29a			
30								
					1			
					.			
	(Grants \$) If this amount includes foreign	n grants, check here	>] 30a			
	Other program services (describe in Schedule O)				.			
	(Grants \$) If this amount includes foreign	n grants, check here			31a			
	Total program service expenses (add lines 28a through 31a)				> 32			
Pa	art IV List of Officers, Directors, Trustees, and Key				ıe ınstru	ctions fo	or Part IV)	
	Check if the organization used Schedule O to re	espond to any ques	stion in this Part IV					
		(b) Average hour			lealth b		(e) Esti	
	(a) Name and title	per week devoted position	W-2/1099-MISC)	emp	oloyee b	enefrt	amount comper	
		position	(if not paid, enter -0-)	co	mpensa	tion	Compe	iaauvii
	SSICA BAKER					ا ۔ ا		_
	APTER ADVISOR	10.00	0.	1		0.		0.
	AIRE BRANTLEY			ı				_
	APTER PRESIDENT	15.00	0.			0.		0.
	MA WATKINS]		_]	ı	
<u>VP</u>	FINANCE	15.00	0.	↓		0.		0.
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EPSILON ZETA CHAPTER OF

Form 990-EZ	· \== ·-/			FRATERNITY	71-6056833_
Part V	Other Informatio	n (Note the	e Schedu	le A and personal benefit cor	tract statement requirements in the

Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
_			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	33		x
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)	34		х
35 a	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
h	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	N/	
	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			F
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			 -
-	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-	_	 -
	Did the organization file Form 1120-POL for this year?	37b		_X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
00	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			-
39	Section 501(c)(7) organizations. Enter:			'
	Initiation fees and capital contributions included on line 9			-
b	Gross receipts, included on line 9, for public use of club facilities 39b 0.			;
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A] [] '
ь	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	N/	A
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		1	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>'</u>		٠ ا
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			·
	by the organization $ N/A $,	٠
е	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		X_
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► JESSICA BAKER Telephone no. ► 870833			
_	· · · · · · · · · · · · · · · · · · ·	246	<u>/</u>	
b	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			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		,	;
•	see the instructions for exceptions and filing requirements for Finden 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 of the U.S.?			
u	If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
		N/A	-	
		1	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		X_
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		_	
	ın Schedule O	44d		
	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 R may need to be completed instead of Form 990-EZ (see instructions)	45b	20.55	(0045)
		Form 9	9U-EZ-	(2015)

EPSILON ZETA CHAPTER OF Form 990-EZ (2015) ALPHA GAMMA DELTA FRATERNITY 71-6056833 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes," complete Schedule C, Part I 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 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 Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b 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, contributions to employee benefit plans, and deferred compensation (a) Name and title of each employee (e) Estimated (b) Average hours (C) Reportable per week devoted to amount of other W-2/1099-MISC) position compensation 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." A/N(a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A _ Yes [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. Book Sign Here JESSÍCA BAKER CHAPTER ADVISOR Type or print name and title Check PTIN Print/Type preparer's name Preparer's signature Date self- employed Paid Preparer Firm's name Firm's EIN **Use Only** Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No
Form 990-EZ (2015)

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization EPSILON ZETA CHAPTER OF **Employer identification number** 71-6056833 ALPHA GAMMA DELTA FRATERNITY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ... Mail solicitations Internet and email solicitations Solicitation of government grants b Phone solicitations С Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

EPSILON ZETA CHAPTER OF

Schedule G (Form 990 or 990 EZ) 2015 ALPHA GAMMA DELTA FRATERNITY 71-6056833 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events \$10K THROUGHBOWLING (add col (a) through FRIDAY TOURNAMENT 3 col (c)) (total number) (event type) (event type) Revenue 8,070. 6,813. 2,250. 17,133. 1 Gross receipts 2 Less Contributions 8,070. 6,813. 2,250. 17,133. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 1,440. 1,440. Rent/facility costs Food and beverages Entertainment 203. 9 Other direct expenses 1,643. 10 Direct expense summary Add lines 4 through 9 in column (d) 15,490. 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Yes a is the organization licensed to conduct gaming activities in each of these states? J No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: _

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

EPSILON ZETA CHAPTER OF

Schedule G (F	orm 990 or 990-EZ) 2015 ALPHA GAMMA DELTA FRATERNITY	71-6056833 Page 3
11 Does the	organization conduct gaming activities with nonmembers?	Yes No
12 Is the org	anization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to admin	ster charitable gaming?	Yes No
	the percentage of gaming activity conducted in:	
	nization's facility	13a %
b An outsid	•	13b %
	name and address of the person who prepares the organization's gaming/special events books and record	
	The second secon	•
Name >		
Address	>	
15a Does the	organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
h If "Ves "	enter the amount of gaming revenue received by the organization > \$ and the amount	nt
of gaming	g revenue retained by the third party > \$	11.
	enter name and address of the third party	
	,	
Name >		
Address	>	
16 Gaming n	nanager information:	
•		
Name 🕨		
Gaming n	nanager compensation 🕨 \$	
Description	on of services provided	
L Dii	ector/officer Employee Independent contractor	
	y distributions:	
	anization required under state law to make charitable distributions from the gaming proceeds to	
	state gaming license?	└─ Yes └─ No
b Enter the	amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
	on's own exempt activities during the tax year ▶ \$	
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	rt III, lines 9, 9b, 10b, 15b,
	5c, 16, and 17b, as applicable Also provide any additional information (see instructions)	
		
		/B 000 000 TD 55:5
532083 09-14-15	Schedule G	(Form 990 or 990-EZ) 2015

Cahadula C	(Form 000 or 000 F7)	EPSILON ZETA CHAPTER OF ALPHA GAMMA DELTA FRATERNITY	71-6056833 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)	71 0050033 Fage4
	<u> </u>		
			
•			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2015

Open to Public Inspection

EPSILON ZETA CHAPTER OF Name of the organization **Employer identification number** 71-6056833 ALPHA GAMMA DELTA FRATERNITY FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: AMOUNT: DESCRIPTION OF PROPERTY: 376. INTEREST INCOME FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: PI KAPPA ALPHA 250. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: ST JUDE UP TIL DAWN 900. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: CAMPUS OUTREACH 50. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: ZETA TAU ALPHA 50. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: ALPHA TAU OMEGA 50. AMOUNT GIVEN:

SCHEDULE:0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. OMB No 1545-0047

Open to Public Inspection

EPSILON ZETA CHAPTER OF Employer identification number Name of the organization 71-6056833 ALPHA GAMMA DELTA FRATERNITY ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION GRANTEE NAME: SIGMA CHI AMOUNT GIVEN: 100.

ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION

GRANTEE NAME: LAMBDA CHI ALPHA

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: PHILANTHROPIC CONTRIBUTION

GRANTEE NAME: ALPHA GAMMA DELTA FOUNDATION

AMOUNT GIVEN: 12,833.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,433.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK CHARGES 3,293. CONFERENCES & CONVENTIONS 3,159. SUPPLIES 1,337. TOTAL TO FORM 990-EZ, LINE 16 7,789.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ALPHA GAMMA DELTA IS AN INTERNATIONAL FRATERNITY FOR WOMEN THAT EXISTS TO PROVIDE OPPORTUNITIES 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 COMMITTMENT TO

HIGHER EDUCATION. 3. WE HELP PREPARE MEMBERS TO CONTRIBUTE TO THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE'O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

EPSILON ZETA CHAPTER OF Emplo

Employer identification number

ALPHA GAMMA DELTA FRATERNITY	71-6056833
WORLD'S WORK. 4. WE ADVOCATE LIFETIME INVOLVMENT IN ALPH	A GAMMA DELTA.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TIT CONTRACTS:
MUL ODGINIZATION DED NOT DIDENG THE VEID DECETIVE AND THE	DIDG DIDEGELU
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
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.	
	·
	
 	
	