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

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

Open to Public Inspection

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.											
Ā	A For the 2016 calendar year, or tax year beginning $09/01/16$, and ending $06/30/17$										
В	Check if a	applicable	C Name of organization		D Employer identification number						
	Address	change 4	LINCOLN ALUMNI CHAPTER ALPHA GAMMA	1							
\sqcap	Name cha		RHO FRATERNITY	47-6036061							
П	Initial retu	um T		Room/suite	E Telephone number						
П	Final retur	ım/terminated	PO BOX 5839		402-380-4969						
H	Amended) —-	City or town, state or province, country, and ZIP or foreign postal code	07		Exemption					
Ħ	Applicatio	on pending	LINCOLN NE 68505	O(Number >						
G	Accoun	nting Method	X Cash Accrual Other (specify) ▶	H Chec		▶ X if the organization is not					
Ī		te: ▶ N/A		— I	_	h Schedule B					
J		empt status (chec	ck only one) — 501(c)(3) X 501(c) (7) 4 (insert no) 4947(a)(1) or 52	- 1 '		EZ, or 990-PF)					
ĸ		of organization	X Corporation Trust Association Other	.,		22, 0. 000					
		•	o line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets								
			\$500,000 or more, file Form 990 instead of Form 990-EZ	,	▶ \$	54,544					
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se	e the instruct	<u>_</u> _						
·			the organization used Schedule O to respond to any question in this Part			X					
_	1		ts, grants, and similar amounts received	·	1						
	2	_	ce revenue including government fees and contracts		2						
	3	-	ues and assessments		3	44,600					
	4	Investment inc			4	1,650					
	5a		from sale of assets other than inventory 5a	6,1							
	Ь		ther basis and sales expenses 5b	6,9							
			m sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-819					
5	5 6	, ,	ndraising events								
	a	-	from gaming (attach Schedule G if greater than								
<u>م</u> '	1	\$15,000)	6a								
Revenue	ь		from fundraising events (not including \$ of contribution	ns	7]						
ِ آھ	1	from fundraisin									
Ľ.	1		oss income and contributions exceeds \$15,000) 6b								
	c	•	penses from ganting and fundraising events (6c	\neg							
	i d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7							
	_	line 6c)		6d							
	7a		inventor, less returns and allowardes 7a 7a								
			3) 000)	7							
	C	Gross profit or	(loss) from sales of inventory (Subtract-line 7b from line 7a)	7c							
	8	Other revenue	(loss) from sales of inventory (Subtract-line 7b from line 7a) (describe in Schedule O)	8	2,142						
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	47,573					
	10		nilar amounts paid (list in Schedule O)		10	4,750					
	11	Benefits paid to	o or for members	11							
w	12	Salaries, other	compensation, and employee benefits		12						
Expenses	13	Professional fe	es and other payments to independent contractors		13	5,703					
	14	Occupancy, re-	nt, utilities, and maintenance		14						
	15	Printing, public	ations, postage, and shipping		15						
	16	Other expense	s (describe in Schedule O)		16	32,323					
	17	Total expense	es. Add lines 10 through 16		▶ 17	42,776					
Net Assets	18	Excess or (defi	icit) for the year (Subtract line 17 from line 9)		18	4,797					
	19	Net assets or f	und balances at beginning of year (from line 27, column (A)) (must agree with								
			ure reported on prior year's return)		19	251,846					
et.	20	Other changes	in net assets or fund balances (explain in Schedule O)		20	10,098					
	21	Net assets or f	und balances at end of year Combine lines 18 through 20		▶ 21	266,741					
For	For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016)										

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Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 195,846 251,741 22 Cash, savings, and investments 22 23 Land and buildings 23 56,000 15,000 24 Other assets (describe in Schedule O) 24 251,846 266,741 25 Total assets 25 0 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 251,846 266,741 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? (Required for section SUPPORT OF EDUCATIONAL ACTIVITIES 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) persons benefited, and other relevant information for each program title SUPPORT OF EDUCATIONAL ACTIVITIES OF ACTIVE CHAPTER AT THE UNIVERSITY OF NEBRASKA, INCLUDING HOUSING WHILE ATTENDING THE UNIVERSITY If this amount includes foreign grants, check here 28a (Grants \$ 29 If this amount includes foreign grants, check here 29a (Grants \$ 30) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$ If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (a) Name and title hours per week (e) Estimated amount of benefit plans, and deferred compensation other compensation devoted to position (if not paid, enter -0-) DEREK BETKA 2.00 DIRECTOR 0 0 MITCH MATTHIESEN 2.00 0 0 SECRETARY 0 ROSS JENSEN 3.00 0 0 0 TREASURER ROBERT SKIP HECOX 3.00 0 0 PRESIDENT 0 DAVE PAINTER DIRECTOR 2.00 0 0 0 KELLEN MEYER 2.00 0 0 DIRECTOR 0 JEFF SHROEDER 2.00 0 0 DIRECTOR 0 WILLIAM CORMAN 0 DIRECTOR 2.00 0 0 KYLE SCHMIT 2.00 0 0 DIRECTOR 0 TOM WALDO 1.00 0 0 DIRECTOR 0

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 currelated business gross income of \$1,000 or more during the year form business activities (such as those reported on lines 2, 6a, and 7a, among others)? 55b B if Yes, 1'o line 55b, has the organization fleet a form 90-11 for the year? if Yes, "provide an explanation in Schedule O 55b B X 55c X	Form	990-EZ (2016) · LINCOLN ALUMNI CHAPTER ALPHA GAMMA 47-6	036061	<u>`</u>) [age 3					
Solid the organization engage in any significant actively not previously reported to the IRS? If "Yes," provide a detailed description of each actively in Schedule O 33	Pa					TT.					
33 I bit 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 Vive any significant changes made to the organization or operating documents? If Yes," attach a conformed copy of the amended documents if they reflect a change to the organization and Cherwise, explain the display of the provided properties of the yes of the provided provided to success gross accome of \$1,000 or more dump the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If Yes, You be \$3, has the organization filed a Farim 90°-10° for the year? If Yes, "provide an explanation in Schedule O 350		instructions for Part V) Check if the organization used Schedule O to respond to an	y question in this Part V			_=					
detailed description of each activity in Schedule O 3	33	Did the prognization engage in any significant activity not previously reported to the IRS2 if "Yes." provide	2		165	NO					
34. We any significant changes made to the organizary or governing documents? If Yes, "attach a conformed copy of the amended documents filt by sifects a change to the organization's name. Otherwise, explain the change on Sobelule O (see mitroctions) 35. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time \$2,65, and \$7.8 among others)? b If Yes, to limio \$5.9, has the organization siled a From \$90-T1 to the year? If Yes, "complete Schedule C, Part III \$2.5			ű	33		X					
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedulde O (see instructions) 34	34	•	ed								
15						[
activities (such as those reported on lines 2, 6a, and 7a, among others)? If 1'/es, 1' bit ne SS, has the organization (lied a form 990-1 for the year? I'/No, "provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization aubged to section 6033(e) notice, reporting, and proxy lax requirements during the year? I'/Ne, "complete Schedule C, Part III 356. X 378 379 370 371 372 379 379 370 370 370 370 371 370 371 370 371 370 370		change on Schedule O (see instructions)		34	X						
bit 11'ves, 1'to line 35a, has the organization filed a Form 990-T for the year // 11'ves, 1'no provide an explanation in Schedule O 17'ves 1'to line 35a, has the organization stelled to sociol 633(e) notice, reporting, and prioxy tax requirements during the year? If "ves, 1'complete Schedule C, Part III 18'bit 64 eriganization undergo a fajudiation, dissolution, termination, or significant disposition of retail and sociolistic during the year? If "ves, 1'complete Schedule C, Part III 18'bit 64 eriganization undergo a fajudiation, dissolution, termination, or significant disposition of retail and sociolistic during the year? II' "ves, 1'complete Schedule C, Part III III 18'bit 74's 1'complete Schedule splicable parts of Schedule N 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II i and enter the total amount involved 18'bit 74's 1'complete Schedule L, Part II involved II'ves 1'complete Schedule II'ves 1'complete Schedule L, Part II'ves 1'complete Schedule II'ves 1'complete Schedule II'ves 1'complete Schedule II'ves 1'complete Schedule II'ves 1'complete Sch	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ess			}					
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 36		activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		<u> </u>					
reporting, and proxy tax requirements during the year? If "res," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphicable parts of Schedule N But the organization for Form 1120-POL for the year? But the amount of political expenditures, vinet or indirect, as described in the misructions but the organization for Form 1120-POL for the year? But the organization for Form 1120-POL for the year? But the organization for Form 1120-POL for the year? But the organization for Form 1120-POL for the year? But the organization for Form 1120-POL for the year? But the organization for Form 1120-POL for the year? But the organization for year and still outsidanding at the end of the tax year covered by this return? But the organization for Porm 120-POL for the year? But the organization for Porm 120-POL for the year? But the organization for Porm 120-POL for the year? But the organization for Porm 120-POL for the year? But the organization for Porm 120-POL for the text and only file year under section 4911 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization during the year, or did tengage in an excess benefit transaction in prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organizations and yield experiments for the organization aparty to a prohibited tax shelter transaction? If "Yes," organization and yield experiments for FinoENF or the part of the organization and yield experiments for FinoENF or the International Account)? But the states	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation is	n Schedule O	35b	X	<u> </u>					
36 Dd the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Teller amount of poticial expenditures, direct or indirect, as described in the instructions b did the organization file Form 1120-POL for this year? 37b	С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,									
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b Did the organization life Form 1120-POL for this year? 27		· · · · · · · · · · · · · · · · · · ·	1	36		X					
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? If 'I''es, 'Complete Schedule L, Part II and enter the total amount involved Section \$51(c)(7) organizations Enter Initiation fees and capatal contributions included on line 9 Section \$10(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ Section \$10(c)(3) organizations Enter amount of tax imposed on the organization engage in any section 4955 ▶ Section \$401(c)(3) organizations Enter amount of tax imposed on the organization engage in any section 4955 ⇒ Section \$401(c)(3) organizations Enter amount of tax imposed on organization engage in any section 4956 excess benefit transaction during the year ordary that has not been reported on any of its prior Forms \$90 or \$90-EZ If Yes,' complete Schedule L, Part I Section \$51(c)(3), 501(c)(4), and \$51(c)(2) organizations Enter amount of tax on kine 40c exercises benefit transaction during the year, ordariant amount of tax on kine 40c exercises benefit transaction and during the year, was the organization party to a prohibited tax shelter transaction? If Yes,' complete Form \$888-T I List the states with which a copy of this return is filed ▶ NONE Tolephone no ▶ 402 = 380 - 496! Tolephone no ▶ 402 = 380 - 496! Yes, IN organization becomes an care of ▶ ROSS JENSEN Tolephone no ▶ 402 = 380 - 496! Tole	_	·	37a	<u></u>							
any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38a		·		3/6		1					
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter a Institution fees and capital contributions included on line 9 50 Gross receipts, included on line 9, for public use of club facilities 8 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under 8 section 4911 ▶ 8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 8 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 8 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 8 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 sections 4912, 405 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 sections 4912, 405 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 sections 4912, 405 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 crembursor by the organization. 400 embursor by the organization the organization aparty to a prohibited tax shelter 400 translations 2004 are an care of ▶ ROSS JENSEN Telephone no ▶ 402 – 380 – 4961. 406 Telephone no ▶ 402 – 380 – 4961. 407 Telephone no ▶ 402 – 380 – 4961. 408 Telephone no ▶ 402 – 380 – 4961. 409 X X II "Yes," enter the mane of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 40 At any time during the calendar year, did the organization maintain an office outside the United States? 1 "Yes," enter the name of the foreign country ▶ See the instructions fo	38a			200		v					
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under section 4911 ▶			300			l					
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that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on kine 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T are transaction? If "Yes," complete Form 8886-T are transaction. So that seem with which a copy of this return is filed b NONE Telephone no b 402-380-496. Po BOX 5839 D Cocated at b Lincoln At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) C All any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country b 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 Ves 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 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization have a controlled entity within the meaning of section 512(b)(13)? How the properties of t	b			_		Ī					
c 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 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 by the organization. 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 List the states with which a copy of this return is filed ▶ NONE Telephone no ▶ 402−380−496! PO BOX 5839 Located at ▶ LINCOLN At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for 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 United States? If "Yes," enter the name of the foreign country ▶ Section 501(c)(2), 501(c)(4), and 501(c)(29) organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 501(c)(3), 501(c)(4), and 501(c)(c)(20) organization maintain any office outside the United States? If "Yes," enter the name of the foreign country ▶ Later of the organization operated one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization perceive 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). Located at ▶ LINCOLN At		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	•								
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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	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X					
Form 990-EZ (see instructions)	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within	the			1					
		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)									

Form	990-EZ (20)16)	LIN	COLN	ALUM	NI	CHAPT	'ER	ALPHA	G۶	AMMA	47-60	36061					Р	age 4	
46		•	•	•	•	•	in political	•	•	s on	behalf of o	or in opposition	n				46	Yes	No X	
Pa	rt VI	Sect All se 50 ar	tion 501 ection 50 nd 51.	1(c)(3) 1(c)(3)	organiz organiza	ations	ns only must ans	wer	questions 4			2, and comp		ibles fo	r line:	 \$	-10]			
	·	Cilec	K II UIE C	nyaniza	lion user	u 3011	edule O I	0 160	spond to an	ıy qı	aestion in	tilis i dit 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 Schedule C, Part II												47	163	100					
48	Is the org	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										Ļ	48							
49a	Did the o	Did the organization make any transfers to an exempt non-chantable related organization?										L	49a							
þ	If "Yes," was the related organization a section 527 organization?																			
50	•			-		_	•			•		ficers, directo		•	<i>'</i>					
	employee	es) who	each rec	eived mo	ore than \$	100,00	00 of comp	ensa		-		f there is non								
		(a) Name and title of each employee					hours per week compensation cont devoted to position (Forms W-2/1099-MISC)			contribution benefit					nated amount of compensation					
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f 51	Complete	e this ta		e organız	ation's five	e highi	est compe		d independe enter "None		ontractors v	who each rec	eived more	than			•			
						_		nt contractor (b) Type of service						(c) Compensation						
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d 52				•				-	er \$100,000 c)(3) organiz	zation	_ ns must att	ach a								
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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.

OMB No 1545-0047

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

LINCOLN ALUMNI CHAPTER ALPHA GAMMA

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

RHO FRATERNITY

Employer identification number 47-6036061

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION

AMOUNT

NET ACTIVITY INCOME

2,142

TOTAL \$

2,142

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

DESCRIPTION

AMOUNT

EXPENSES

OFFICE EXPENSES	\$	2,450
MAILINGS	\$	1,991
MEETINGS / CONFERENCE	\$	968
INSURANCE	\$	3,784
MISCELLANEOUS	\$	59
SOCIAL & FRATERNITY	\$	23,071
	TOTAL \$	32,323

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN-INVESTMENTS

\$ 10,098

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION

BEG. OF YEAR END OF YEAR

RECEIVABLE FROM AFFILIATE

56,000 \$

15,000

TOTAL \$

56,000 \$

15,000

Page 2

Name of the organization

LINCOLN ALUMNI CHAPTER ALPHA GAMMA

Employer identification number

47-6036061

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS CHANGED BYLAWS TO REFLECT NEW FISCAL YEAR END TO JUNE 30.