

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 05-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Alpha Tau Omega Texas Theta Nu Chapter	D Employer identification number 51-0219896
		Number and street (or P O box, if mail is not delivered to street address) Room/suite One Bear Place 85595	E Telephone number (254) 710-8601
		City or town, state or country, and ZIP + 4 Waco, TX 767985595	F Group Exemption Number

G Accounting method: Cash Accrual
 Other (specify):

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 89,708**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	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	89,686
	4 Investment income	4	22
	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 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	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)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	89,708	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	7,668
	11 Benefits paid to or for members	11	1,600
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,350
	14 Occupancy, rent, utilities, and maintenance	14	64
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe)	16	73,902
17 Total expenses. Add lines 10 through 16	17	84,584	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,124
	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	18,066
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,190

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,906	23,094
23 Land and buildings		
24 Other assets (describe)	160	96
25 Total assets	18,066	23,190
26 Total liabilities (describe)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,066	23,190

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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 <input type="checkbox"/> 37a <input style="width:100px;" type="text" value="0"/>			
b Did the organization file Form 1120-POL for this year?	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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		0
b Gross receipts, included on line 9, for public use of club facilities	39b		0
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> 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 <input type="checkbox"/> _____			
42a The organization's books are in care of <input type="checkbox"/> <u>WILLIAM J DUBE III</u> Telephone no <input type="checkbox"/> <u>(254) 710-8601</u> One Bear Place 85595 Located at <input type="checkbox"/> <u>Waco, TX</u> ZIP + 4 <input type="checkbox"/> <u>767985595</u>			
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 account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input style="width:100px;" type="text"/>			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 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) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-11-17

Type or print name and title: William J Dube III faculty advisor

Paid Preparer's Use Only

Preparer's signature: Donn R McMahan Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JAYNES REITMEIER BOYD & THERRELL PC
5400 BOSQUE BLVD STE 500
WACO, TX 767104459

Preparer's identifying number (See instructions): _____
EIN: _____
Phone no: (254) 776-4190

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 51-0219896**Name:** Alpha Tau Omega Texas Theta Nu Chapter**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Chris Paxton 1 Bear Place Unit 85595 Waco, TX 767985595	President-Fall 5 00	0	0	0
Warren Baas 1 Bear Place Unit 85595 waco, TX 767985595	Vice-President-Fall 5 00	0	0	0
Josh Lassiter 1 Bear Place Unit 85595 waco, TX 767985595	Chaplain-Fall 5 00	0	0	0
Abdel Mather 1 Bear Place Unit 85595 waco, TX 767985595	Treasurer-Fall 5 00	0	0	0
Mark Crouse 1 Bear Place Unit 85595 waco, TX 767985595	Recruitment-Fall 5 00	0	0	0
Justin Morse 1 Bear Place Unit 85595 waco, TX 767985595	Risk management-Fall 5 00	0	0	0
Brandon Baker 1 Bear Place Unit 85595 waco, TX 767985595	Membership education- Fall 5 00	0	0	0
Austin Whitmore 1 Bear Place Unit 85595 waco, TX 767985595	Secretary- Fall, Recruitment-Sp 5 00	0	0	0
Brooks Powell 1 Bear Place Unit 85595 waco, TX 767985595	Sgt-at-arms-Fall, Vice- Pres-Sp 5 00	0	0	0
Mason Spiller 1 Bear Place Unit 85595 waco, TX 767985595	Doorkeeper-Fall 5 00	0	0	0
Bailey Eubanks 1 Bear Place Unit 85595 waco, TX 767985595	Historian-Fall, President- Spri 5 00	0	0	0
Ryan McCarthy 1 Bear Place Unit 85595 waco, TX 767985595	Treasurer-Spring 5 00	0	0	0
Ryan Trobee 1 Bear Place Unit 85595 waco, TX 767985595	Chaplain-Spring 5 00	0	0	0
Blake Foster 1 Bear Place Unit 85595 waco, TX 767985595	Secretary-Spring 5 00	0	0	0
Austin Snow 1 Bear Place Unit 85595 waco, TX 767985595	Historian-Spring 5 00	0	0	0
Sam Moore 1 Bear Place Unit 85595 waco, TX 767985595	Risk management-Spring 5 00	0	0	0
Ben Newcome 1 Bear Place Unit 85595 waco, TX 767985595	Doorkeeper-Spring 5 00	0	0	0
Chris Tkach 1 Bear Place Unit 85595 waco, TX 767985595	Sgt-at-arms-Spring 5 00	0	0	0
Jordan Lovelady 1 Bear Place Unit 85595 waco, TX 767985595	Membership-Spring 5 00	0	0	0
Clayton Rothschild 1 Bear Place Unit 85595 waco, TX 767985595	Sr IFC Rep-Spring 5 00	0	0	0
William J Dube III 1 Bear Place Unit 85595 waco, TX 767985595	Faculty Advisor 5 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Alpha Tau Omega Texas Theta Nu Chapter

EIN: 51-0219896

Item No.	1
Class of Activity	
Donee's Name	Alpha Tau Omega
Donee's Address	One North Pennsylvania St 12th Floor Indianapolis, IN 46204
Amount (FMV)	7,668
Purpose of Payment to Affiliate	National Dues
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Alpha Tau Omega Texas Theta Nu Chapter

EIN: 51-0219896

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	160	96

TY 2009 Other Expenses Schedule

Name: Alpha Tau Omega Texas Theta Nu Chapter

EIN: 51-0219896

Description	Amount
Mixers and Special Events	28,022
Intramurals	1,758
T-Shirts	14,888
Storage	540
Yearbook / Composite	2,782
Sweetheart	414
Badges	282
Administrative expense	5,626
Float expense	3,663
SING expense	15,487
Travel	440

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Alpha Tau Omega Texas Theta Nu Chapter

EIN: 51-0219896

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.