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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 black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 7/01 , 2007, and ending 6/30 , 2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
THETA OF CHI PHI
1985 15TH STREET
TROY, NY 12180

D Employer identification number
14-6048771

E Telephone number
508-830-1040

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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).

Website: ► N/A

Organization type (check only one) — ☒ 501(c) (7) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 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 $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 95,677.

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

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	95,677.
4	Investment income		4	
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 ln 5b from ln 5a (attach schd)		5c	
6	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐			
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	95,677.
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	
13	Professional fees and other payments to independent contractors		13	
14	Occupancy, rent, utilities, and maintenance		14	23,898.
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe ► See Statement 1)		16	51,082.
17	**Total expenses** (add lines 10 through 16) ►		17	74,980.
18	Excess or (deficit) for the year. Subtract line 17 from line 9		18	20,697.
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	65,980.
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	86,677.

Part II **Balance Sheets** – If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	57,647.	22	80,348.
23	Land and buildings	7,890.	23	7,060.
24	Other assets (describe ► See Statement 2)	443.	24	
25	**Total assets**	65,980.	25	87,408.
26	**Total liabilities** (describe ► See Statement 3)	0.	26	731.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	65,980.	27	86,677.

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0803L 08/06/07 Form **990-EZ** (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? FRATERNAL ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 TO PROVIDE FRATERNAL SUPPORT AND ACTIVITIES.

(Grants $ 5,143.) If this amount includes foreign grants, check here ► ☐ 28a 5,143.

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses.** Add lines 28a through 31a ► 32 5,143.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(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 and deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the statement requirement in the instructions.) See Statement 4

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A			
39	*501(c)(7) organizations* 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.		

Part V Other Information (Note the statement requirement in the instructions.) *(Continued)*

40a *501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under:
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

		Yes	No
b *501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.	40b	N/A	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		X

41 List the states with which a copy of this return is filed ► NY

42a The books are in care of ► TODD SADLER Telephone no ► 508-830-1040
Located at ► 1985 15TH STREET TROY NY ZIP + 4 ► 12180

		Yes	No
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: ►	42b		X
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**			
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: ►	42c		X

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041*** – Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

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

► Benjamin Alston 11/10/10
Signature of officer Date

► Benjamin Alston, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Bruce H Kannenberg	Date	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Sadler Financial Group, LTD. 116 Long Pond Road, Suite 7 Plymouth, MA 02360		EIN ► N/A	
		Phone no ► (508) 830-1040	

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

ALARM	$ 496.
COMPOSITE	498.
DELTA	171.
Depreciation	1,273.
DUES AND FEES	5,235.
EDUCATION	94.
EPSILON	4,368.
INSURANCE	15,397.
RISK MANAGEMENT	262.
RUSH	453.
SOCIAL	6,727.
SPORTS	416.
SUMMER EXPENSES	359.
Supplies	12.
TAXES	12,642.
Telephone	1,934.
WIRING	298.
ZETA	447.
Total	$ 51,082.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Machinery and equipment	$ 443.	$ 0.
Total	$ 443.	$ 0.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts payable and accrued expenses	$ 0.	$ 731.
Total	$ 0.	$ 731.

Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No