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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)

OMB No 1545-1150

2008

Open to Public
Inspection

► 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 \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIGMA CHI ALPHA PHI CHAPTER SCIARABBA WALKER & CO., LLP		D Employer identification number 15-0537026	
	Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 788		E Room/suite Telephone number (607)-272-5550	
	City or town, state or country, and ZIP + 4 ITHACA, NY 14851-0788		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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
	I Website: ► N/A			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
	J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			K Check ► <input type="checkbox"/> 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 503,547.****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	33,812.
	2 Program service revenue including government fees and contracts	2	372,660.
3 Membership dues and assessments	3	91,209.	
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 line 5b from line 5a) (attach schedule)			
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	5,866.	
b Less direct expenses other than fundraising expenses	6b	5,866.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			
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)			
8 Other revenue (describe ►)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
10 Grants and similar amounts paid (attach schedule)			
11 Benefits paid to or for members			
12 Salaries, other compensation, and employee benefits			
13 Professional fees and other payments to independent contractors			
14 Occupancy, rent, utilities, and maintenance			
15 Printing, publications, postage, and shipping			
16 Other expenses (describe ►)			
17 Total expenses. Add lines 10 through 16			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			
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)			
20 Other changes in net assets or fund balances (attach explanation)			
21 Net assets or fund balances at end of year Combine lines 18 through 20			
RECEIVED 705 JAN 26 2010 IRS-OSC TMT 4 OGDEN, UT			
SEE STATEMENT 1)			
SEE STATEMENT 5)			
SEE STATEMENT 3)			
► 21 10,886.			

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	9,440.	22	3,772.	
23 Land and buildings		23		
24 Other assets (describe ►)	78,849.	24	84,638.	
25 Total assets	88,289.	25	88,410.	
26 Total liabilities (describe ►)	56,636.	26	77,524.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,653.	27	10,886.	

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

What is the organization's primary exempt purpose? SEE BELOW.

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 ROOM, BOARD, AND FELLOWSHIP TO MEMBERS OF THE FRATERNITY.

(Grants \$) If this amount includes foreign grants, check here

28a

29

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)

If this amount includes foreign grants, check here.

31a

32 Total program service expenses (add lines 28a through 31a)

32

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 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
 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 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 section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a 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 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

b Section 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," complete Schedule L, Part I

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? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► **NONE**

42a The books are in care of ► **SCIARABBA WALKER & CO., LLP** Telephone no ► **607-272-5550**
 Located at ► **200 E. BUFFALO STREET** ZIP + 4 ► **14851**

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 ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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 ►

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 ► **43** **N/A**

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	2,625.	
39b	0.	
40a	N/A	
40b	N/A	
40c	0.	
40d	0.	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

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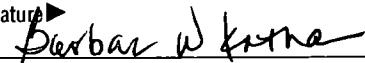
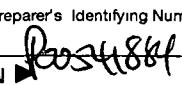
Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?		49b
50 Complete this table for the 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 N/A	(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
Total number of other employees paid over \$100,000				

51 Complete this table for the 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 N/A	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

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		
	101/18/2010 Date		
	 Alexandre Massonneau (Treasurer) <small>Type or print name and title</small>		
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's Identifying Number (See instr)
		12/28/09	 Preparer's IIN 
	Firm's name (or yours if self-employed), address, and ZIP + 4  SCIARABBA WALKER & CO., LLP 200 E BUFFALO ST, SUITE 402 ITHACA, NEW YORK 14850		EIN  Phone no  607-272-5550

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

 **Yes**  **No**

Form 990-EZ (2008)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

► Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization SIGMA CHI ALPHA PHI CHAPTER SCIARABBA WALKER & CO., LLP		Employer identification number 15-0537026
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 788		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ITHACA, NY 14851-0788		

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

SCIARABBA WALKER & CO., LLP

- The books are in the care of ► **200 E. BUFFALO STREET - 14851**
Telephone No. ► **607-272-5550** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until

FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year or
► tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
KITCHEN EXPENSES		14,673.	
FOOD EXPENSE		58,497.	
INITIATION EXPENSE		356.	
PLEDGE EXPENSE		611.	
IFC DUES		2,697.	
SMC SURCHARGE		1,523.	
RUSH		1,567.	
CONVENTION		1,728.	
CHAPTER		7.	
CONTRIBUTIONS		240.	
NATIONAL DUES		4,465.	
INTRAMURALS		830.	
ACTIVITIES		48,421.	
COMPOSITE		2,437.	
PARENTS WEEKEND		1,902.	
HOMECOMING		2,774.	
WEB SITE EXPENSE		190.	
SWEETHEART FORMAL		3,330.	
NAT'L INITIATION EXPENSE		2,625.	
NAT'L PLEDGE FEES		1,350.	
CHAPTER DAMAGES		1,878.	
CHAPTER FINES		1,018.	
HOUSE SUPPLIES		9,976.	
MEMBER DAMAGES/ASSESS EXP		3,852.	
HOUSE IMPROVEMENT EXPENSE		890.	
DOG CARE		1,336.	
FIRE PHONE		960.	
CABLE		6,123.	
INTERNET		3,828.	
BURSAR FEES		3,432.	
BANK FEES		510.	
PRIOR YEAR		303.	
BAD DEBT		1,990.	
TOTAL TO FORM 990-EZ, LINE 16		186,319.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		16,073.	25,846.
DUE FROM		39,141.	25,562.
DEPOSITS		23,635.	32,352.
DEFERRED REVENUE		0.	878.
TOTAL TO FORM 990-EZ, LINE 24		78,849.	84,638.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT LIABILITY		24,000.	29,500.
PAYROLL LIABILITIES		1,430.	1,625.
CHAPTER PHILANTHROPY RESERVE		5,375.	2,604.
ACCOUNTS PAYABLE		25,831.	35,040.
DUE TO ALUMNI		0.	7,245.
ACTIVITY FEE		0.	1,510.
TOTAL TO FORM 990-EZ, LINE 26		56,636.	77,524.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAME	AFFILIATES ADDRESS
SIGMA CHI OF CORNELL ALUMNI ASSOCIATION	106 CAYUGA HEIGHTS ROAD ITHACA NY 14850
PURPOSE OF PAYMENT	AMOUNT
SUPPORT OPERATIONS OF CHAPTER LIVING QUARTERS	59,525.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	59,525.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
PY ADJUSTMENTS TO SECURITY DEPOSITS	-4,001.
TOTAL TO FORM 990-EZ, LINE 20	-4,001.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SCHEDULE B

STATEMENT 7

PAID UTILITY COSTS AND OTHER CHARGES FOR EDUCATIONAL SPACE IN THE FRATERNITY
HOUSE