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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$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.

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization PSI CHAPTER OF ALPHA PHI Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 707 E CEDAR City, town, or country State ZIP + 4 VERMILLION SD 57069
D Employer identification number 46-0227302	
E Telephone number 605-624-4436	
F Group Exemption Number 1038	

• **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) ►

I Website: ► n/a**J** Organization type (check only one)— ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**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 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. ► \$ 221,510**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
4	Investment income	4
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
6b	Less: direct expenses other than fundraising expenses	6b
6c	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
7b	Less: cost of goods sold	7b
7c	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
Expenses		
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
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ► See attached statement)	16
17	Total expenses. Add lines 10 through 16	17
Net Assets		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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
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

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

(See the instructions for Part II.)

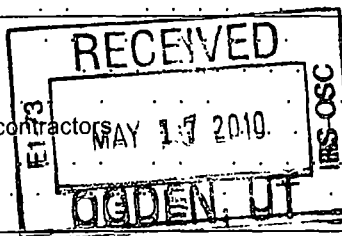
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,093	22 19,012
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	1,093	25 19,012
26 Total liabilities (describe ► DUE CORPORATION BOARD)	50,869	26 53,578
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-49,776	27 -34,566

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form 990-EZ (2008)

SCANNED JUN 30 2010



21P

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

What is the organization's primary exempt purpose? PROVIDE SAFE & CARING ENVIRONMENT FOR COLLEGE STUDENTS
 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.

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

28	PROVIDE COLLEGIATE MEMBERS OF SORORITY WITH ATMOSPHERE ALLOWING AND ENCOURAGING LEADERSHIP SKILLS AND DEVELOPMENT OF SKILLS FOR LEADERSHIP AND CITIZENSHIP (Grants \$) If this amount includes foreign grants, check here ☐	28a	206,298
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	206,298

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

(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
Name SARAH SKATTUM	Str 707 E CEDAR		Title PRES			
City VERMILLION	ST SD ZIP 57069		Hr/WK 10.00			
Name JEN POPPEN	Str 707 E CEDAR		Title TREAS			
City VERMILLION	ST SD ZIP 57069		Hr/WK 10.00			
Name ANGIE JONES	Str 707 E CEDAR		Title CO-TREA			
City VERMILLION	ST SD ZIP 57069		Hr/WK 10.00			
Name ASHLEY BURR	Str 707 E CEDAR		Title V-P			
City VERMILLION	ST SD ZIP 57069		Hr/WK 5.00			
Name SARA WORD	Str 707 E CEDAR		Title V-P			
City VERMILLION	ST SD ZIP 57069		Hr/WK 5.00			
Name JENNA THEISS	Str 707 E CEDAR		Title V-P			
City VERMILLION	ST SD ZIP 57069		Hr/WK 5.00			
Name	Str		Title			
City	ST ZIP		Hr/WK			
Name	Str		Title			
City	ST ZIP		Hr/WK			
Name	Str		Title			
City	ST ZIP		Hr/WK			
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City	ST ZIP		Hr/WK			
Name	Str		Title			
City	ST ZIP		Hr/WK			
Name	Str		Title			
City	ST ZIP		Hr/WK			

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

		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.		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.		X
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?		X
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 Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	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," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.	39a	4,553
b	Gross receipts, included on line 9, for public use of club facilities.	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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.	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d	Enter amount of tax on line 40c reimbursed by the organization.		
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.	40e	
41	List the states with which a copy of this return is filed.		
42 a	The books are in care of Name <u>TREASURER</u> Telephone no <u>(605) 624-3336</u> Located at <u>707 E CEDAR, VERMILLION, MT</u> City <u>VERMILLION</u> ST <u>MT</u> ZIP + 4 <u>57069</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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	X
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 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.	44	X
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	X

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

- 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** **Yes** **No**
- 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**
- 49 a** 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	(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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
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	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
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.

Signature of officer x Kelly Duncan

Date 15-11-10

Type or print name and title x B. Kelly Duncan - Chapter Advisor

Paid Preparer's Use Only

Preparer's signature ▶

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP +4 ▶

EIN ▶

Phone no ▶

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

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	26
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	26

Part I, Line 16 (990-EZ) - Other Expenses

105,300

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	3,529
7	Interest	7	
8	Supplies	8	2,365
9	Telephone	9	1,736
10	Unrelated business income taxes	10	
11	FLOW THRU EXPENSES TO INTERNATIONAL	11	7,418
12	COLLEGIATE CHAPTER EXPENSES	12	44,005
13	FOOD SERVICE COST	13	43,592
14	ROOM DEPOSITS REFUNDED	14	2,655
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 26 (990-EZ) - Liabilities

50,869 53,578

Description		Beginning	End
1	DUE CORPORATION BOARD	50,869	53,578
2			
3			
4			
5			
6			
7			
8			
9			
10			