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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 \$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** July 1, 2008, and ending June 30, 20 09

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>Alpha Phi International Fraternity - Beta Upsilon Chapter</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>c/o M Patterson 1291 Warren St. South</b></p> <p>City or town, state or country, and ZIP + 4 <b>Salem, OR 97302</b></p>	<p><b>D</b> Employer identification number <b>93 0389062</b></p> <p><b>E</b> Telephone number <b>( 916 ) 647-3409</b></p> <p><b>F</b> Group Exemption Number ▶ <b>1038</b></p>
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• 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: ▶

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

**J** 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **371,855**

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

	Description	Code	Amount
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	371,854
	4 Investment income	4	1
	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)	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	371,855	
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	5,005
	14 Occupancy, rent, utilities, and maintenance	14	245,348
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ Chapter Ops, Marketing, Programming, Recruitment)	16	74,912
17 Total expenses. Add lines 10 through 16	17	325,265	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,590
	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	15,872
	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	62,462

**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.)

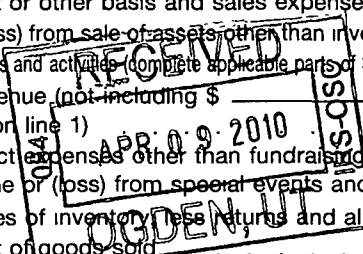
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	14,860	22	58,226
23 Land and buildings	350	23	4,073
24 Other assets (describe ▶ Accounts Receivable, Prepaid Expenses)	1,000	24	2,711
25 Total assets	16,210	25	65,010
26 Total liabilities (describe ▶ Prepaid Dues, Due to Others)	338	26	2,548
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,872	27	62,462

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

Cat No 106421

Form **990-EZ** (2008)

SCANNED APR 29 2010



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**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		✓
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 Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> -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	38b	n/a
39	Section 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-
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>n/a</u> ; section 4912 ▶ <u>n/a</u> ; section 4955 ▶ <u>n/a</u>		
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		-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.	40e	✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ <u>Sorority Solutions, Inc.</u> Telephone no. ▶ <u>(916) 647-3409</u> Located at ▶ <u>5050 Laguna Blvd. Suite 112 - PMB 323 Elk Grove, CA</u> ZIP + 4 ▶ <u>95758</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: ▶ <u>n/a</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
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: ▶ <u>n/a</u>	42c	✓
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 ▶ <u>43</u> n/a		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓



**Statement 1**  
**Form 990-EZ, Part III**  
**Statement of Program Service Accomplishments**

**Other Program Services**

Provide activities that educate members about the organization, provide programs that encourage members personal growth and reward their scholastic achievement.

Provide activities that promote social interaction between members and encourage continued membership in the organization.

Market the organization on the college campus, to alumnae and in the community

Provide leadership opportunities and training to all members.

BETA UPSILON CHAPTER OF ALPHA PHI

93-0389062

NO	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR PRIOR 179 BONUS	PRIOR DEC BAL. DEPR.	BASIS	SALVAGE VALUE	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR		
																BONUS	DEPR.
FORM 990/990-PF																	
1	3 Washers and 3 Dryers	1/3/03		2,450		0	0	0	0	2,450	2,100	200	DB	7	0	0.14290	350
2	Futons	4/8/09		4,250		0	0	0	0	4,250	0	S/L	MM	5.0	0.20000	177	
	TOTAL			6,700		0	0	0	0	6,700	0					527	
	TOTAL DEPRECIATION			6,700		0	0	0	0	6,700	0					527	
	GRAND TOTAL DEPRECIATION			6,700		0	0	0	0	6,700	0					527	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>Alpha Phi International Fraternity - Beta Upsilon Oregon State Univ.</b>	Employer identification number <b>93 0389062</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>357 NW 25th St.</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Corvallis, OR 97330</b>	

Check type of return to be filed (File a separate application for each return).

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **Sorority Solutions, Inc.**

Telephone No. **( 916 ) 647-3409** FAX No. **( 916 ) 647-3409**

- 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 is for.

- 4 I request an additional 3-month extension of time until **May 15**, 20 **10**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **July 1**, 20 **08**, and ending **June 30**, 20 **09**.
- 6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to compile the information necessary to file a complete and accurate return**

<b>8a</b> 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.	<b>8a</b>	\$	<b>0</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$	<b>0</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Valent Fogel** Title **Director of Finance** Date **1/31/2010**