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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)

2008

Department of the Treasury
Internal Revenue Service

▶ 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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

<p>B Check if applicable:</p> <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	<p>C</p> <p>ALPHA SIGMA PHI MU CHAPTER 5048 ROOSEVELT WAY NE SEATTLE, WA 98105</p>	<p>D Employer identification number 91-0711991</p> <p>E Telephone number 206-527-3131</p> <p>F Group Exemption Number</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: ▶ HTTP://WWW.ALPHASIGMAPHI.COM/

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. ▶ \$ 466,642.

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

	1 Contributions, gifts, grants, and similar amounts received		3,282.
	2 Program service revenue including government fees and contracts		463,360.
	3 Membership dues and assessments		
	4 Investment income		
	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) (att sch)	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	466,642.
EXPENSES	10 Grants and similar amounts paid (attach schedule) <u>SEE STATEMENT 1</u>	10	13,339.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	41,780.
	13 Professional fees and other payments to independent contractors	13	9,924.
	14 Occupancy, rent, utilities, and maintenance	14	198,640.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	244,861.
	17 Total expenses (add lines 10 through 16)	17	508,544.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-41,902.
ASSETS	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	-6,693.
	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	-48,595.

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	3,327.	22	2,759.
23 Land and buildings		23	
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	18,586.	24	5,406.
25 Total assets	21,913.	25	8,165.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	28,606.	26	56,760.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-6,693.	27	-48,595.

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

Form 990-EZ (2008)

SCANNED JAN 25 2010

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Part V Other Information (Note the statement requirement in General Instruction 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		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.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		0.
39b	Gross receipts, included on line 9, for public use of club facilities		0.
40a	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>		N/A
40b	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		
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		X
41	List the states with which a copy of this return is filed <u>NONE</u>		

42a The books are in care of UNIVERSITY ASSOCIATES Telephone no. 206-526-2427
 Located at 5048 ROOSEVELT WAY NE, SEATTLE, WA ZIP + 4 98105

		Yes	No
42b	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: _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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: _____		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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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.

- | | 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 operating a school as 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(s) a section 527 organization? | | |
- 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 operating a school as 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(s) a section 527 organization?

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 and 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	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

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.

Sign Here

Signature of officer: *Daniel Stoecker* Date: 1/12/10

Treasurer - Daniel Stoecker

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: *Virgil Woodfield, CPA* Date: 1/10/10 Check if self-employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: UNIVERSITY ASSOCIATES
5048 ROOSEVELT WAY N.E.
SEATTLE, WA 98105 EIN: N/A Phone no.: (206) 526-2427

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

BAA Form 990-EZ (2008)

ALPHA SIGMA PHI MU CHAPTER

91-0711991

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	PHILANTHROPY		
DONEE'S NAME:	PHILANTHROPY		
CASH AMOUNT GIVEN:		\$	2,235.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SCHOLARSHIP		
CASH AMOUNT GIVEN:		\$	9,700.
CLASS OF ACTIVITY:	GIFTS & DONATIONS		
DONEE'S NAME:	GIFTS & DONATIONS		
CASH AMOUNT GIVEN:		\$	1,404.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

OFFICE EXPENSES.	\$	3,513.
INFORMATION TECHNOLOGY		2,744.
CONFERENCES, CONVENTIONS, AND MEETINGS		257.
INTEREST		90.
FOOD SERVICE		117,100.
EDUCATION & CHAPTER ACTIVITIES		66,798.
HOUSE & OFFICER DISCOUNTS		48,670.
BAD DEBTS		5,689.
TOTAL	\$	<u>244,861.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 17,646.	\$ 4,806.
UTILITY DEPOSIT	340.	600.
SUPPLIES ON HAND	600.	0.
TOTAL	\$ <u>18,586.</u>	\$ <u>5,406.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 28,606.	\$ 11,808.
L/P -ALUMNI CORPORATION	0.	44,952.
TOTAL	\$ <u>28,606.</u>	\$ <u>56,760.</u>

ALPHA SIGMA PHI MU CHAPTER

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STATEMENT 5
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALEX BADLEY 4554 - 19TH AVE NE SEATTLE, WA 98105	PRESIDENT 5.00	\$ 0.	\$ 0.	\$ 0.
NICKOLAS MARTZ 4554 - 19TH AVE NE SEATTLE, WA 98105	VICE PRESIDENT 5.00	0.	0.	0.
DANIEL STOECKER 4554 - 19TH AVE NE SEATTLE, WA 98105	TREASURER 5.00	0.	0.	0.
PATRICK GILSTER 4554 - 19TH AVE NE SEATTLE, WA 98105	SECRETARY 5.00	0.	0.	0.
RICHARD ANDERSON IV 4554 - 19TH AVE NE SEATTLE, WA 98105	PLEDGE EDUCATOR 5.00	0.	0.	0.
JOHN SLY 4554 - 19TH AVE NE SEATTLE, WA 98105	RUSH CHR/HSE MG 5.00	0.	0.	0.
JACE WHITE 4554 - 19TH AVE NE SEATTLE, WA 98105	RUSH CHAIRMAN 5.00	0.	0.	0.
NICK DAVID 4554 - 19TH AVE NE SEATTLE, WA 98105	RUSH CHAIRMAN 5.00	0.	0.	0.
LUCAS NESTVOLD 4554 - 19TH AVE NE SEATTLE, WA 98105	SOCIAL CHAIRMAN 5.00	0.	0.	0.
CASEY SHEY 4554 - 19TH AVE NE SEATTLE, WA 98105	SOCIAL CHAIRMAN 5.00	0.	0.	0.
MIKE SLATER 4554 - 19TH AVE NE SEATTLE, WA 98105	ALUMNI CHAIR 5.00	0.	0.	0.
KYLE WALDERHAUG 4554 - 19TH AVE NE SEATTLE, WA 98105	PARENTS CLUB CH 5.00	0.	0.	0.

ALPHA SIGMA PHI MU CHAPTER

91-0711991

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DEVIN FORD 4554 - 19TH AVE NE SEATTLE, WA 98105	HISTORIAN/BROTH 5.00	\$ 0.	\$ 0.	\$ 0.
	TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>