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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? HOLDING CHAPTER HOUSE FOR 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			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	5,579

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
ELI YOUNG 375 COLLEGE AVE ORONO, ME 04473	PRES 000 00	0		
JASON BECKWITH PO BOX 207 HULLS COVE, ME 04644	VP 000 00	0		

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	33	No		
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	No		
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 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	No		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file Form 1120-POL for this year?	37b	No		
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	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
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		
40a	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?	40e	No		
41	List the states with which a copy of this return is filed ▶ _____				
42a	The books are in care of ▶ GARY WEST Telephone no ▶ (207) 989-5656 PO BOX 3213 Located at ▶ BREWER, ME ZIP + 4 ▶ 044123213				
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	No		
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	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

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	Yes	No
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?		No
b	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 received more than \$100,000 of compensation from the organization. If there are 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
NONE				
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 are none, enter "None."				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c)	Compensation
	NONE				
	Total number of other independent contractors receiving over \$100,000				

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.			
	***** Signature of officer		2010-01-31 Date	
Paid Preparer's Use Only	ELI YOUNG, PRESIDENT Type or print name and title			
	Preparer's signature	GARY WEST	Date	2010-01-31
	Check if self-employed		<input checked="" type="checkbox"/>	
	Preparer's PTIN (See Gen. Inst. X)			
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	G A WEST - ACCOUNTANT PO BOX 3213 BREWER, ME 044123213		(207) 989-5656	
May the IRS discuss this return with the preparer shown above? See instructions.				

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

YesNo

Additional Data

Software ID:
Software Version:
EIN: 23-7277292
Name: MAINE ALPHA CORP OF SIGMA PHI EPSILON

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

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 We are holding the Chapter house for Sigma Phi Epsilon Fraternity at the (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	5,579
29 University of Maine Orono There are typically over enrolled students that (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 benefit from the housing made available from our organization on an annual basis (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
Additionally, we provide scholarship(s) based on academic achievement and (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			
other worthiness criteria (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

TY 2008 Other Assets Schedule

Name: MAINE ALPHA CORP OF SIGMA PHI EPSILON

EIN: 23-7277292

Software ID: 08000033

Software Version: 2008.1.20

Description	Beginning of Year Amount	End of Year Amount
FRATERNITY HOUSE	222,900	222,900

TY 2008 Other Expenses Schedule**Name:** MAINE ALPHA CORP OF SIGMA PHI EPSILON**EIN:** 23-7277292**Software ID:** 08000033**Software Version:** 2008.1.20

Description	Amount
Interest	7,403
NATIONAL DUES	9,447
FRATERNITY HOUSE FOOD AND KITCHEN EXPENSE	60,886
ADVISORY FEES	500
LIABILITY INSURANCE	7,843
BANK FEES AND FINANCE CHARGES	37
PROPERTY INSURANCE	2,449
REAL ESTATE TAXES	5,564
PROGRAMMING FEES	5,579

TY 2008 Other Liabilities Schedule**Name:** MAINE ALPHA CORP OF SIGMA PHI EPSILON**EIN:** 23-7277292**Software ID:** 08000033**Software Version:** 2008.1.20

Description	Beginning of Year Amount	End of Year Amount
NATIONAL HOUSING CORP - MORTGAGE	123,176	113,277
NATIONAL HOUSING CORP - NOTE	27,466	20,130