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# Form **990-PF**

# **Return of Private Foundation**

# or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Ofe. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

|             | inter  | nai nevenue Service 140tc. The foundatio  | m may be able to use a copy t | of this fetalli to satisfy state if | eporting requirements                      | <u>.                                    </u> |  |  |  |  |  |
|-------------|--|---|-------------------------------|-------------------------------------|--|--|--|--|--|--|--|
|             | For  | calendar year 2010, or tax year beginning   |                               | , 2010, and en                      | ding                                       | , 20   |  |  |  |  |  |
|             | G  | Check all that apply Initial return   | Initial return                | of a former public charity          | Final retu                                 | rn   |  |  |  |  |  |
|             |  | Amended return  | Address                       | change Nan                          | ne change                                  |  |  |  |  |  |  |
|             | Name of foundation  A Employer identification number |   |                               |                                     |  |  |  |  |  |  |  |
|             |  | pha Upsilon Chap., Delta  | a Society Int                 |                                     |  |  |  |  |  |  |  |
|             |  |   |                               |                                     |  | - (a-a maturationa)                          |  |  |  |  |  |
|             |  | mber and street (or P.O box number if mail is not delive  | ered to street address)       | Room/suite                          | 1  |  |  |  |  |  |  |
|             |  | 8 W. Main Street  |                               |                                     | (618)544-86                                |  |  |  |  |  |  |
|             |  | or town, state, and ZIP code  |                               |                                     | C If exempt application                    | <u> </u>                                     |  |  |  |  |  |
|             |  | binson IL 62454   |                               |                                     | D 1. Foreign organiz                       | ations, check here                           |  |  |  |  |  |
|             | H C  | Check type of organization 🔲 Section 501(c  | )(3) exempt private four      | ndation                             |  | ons meeting the 85% and attach computation   |  |  |  |  |  |
|             |  | Section 4947(a)(1) nonexempt charitable trust   | Other taxable priva           | te foundation                       | E If private foundation terminated under s |  |  |  |  |  |  |
|             | I Fa   | air market value of all assets at end of J A  | Accounting method: X          | Cash Accrual                        | 507(b)(1)(A), chec                         | k here                                       |  |  |  |  |  |
|             | ye   | ear (from Part II, col. (c), line 16)   | Other (specify)               | _                                   | F If the foundation is                     | s in a 60-month                              |  |  |  |  |  |
|             | ▶\$  | · · · · · · · · · · · · · · · · · · ·   | t I, column (d) must be       | on cash basis )                     | termination under 507(b)(1)(B), chec       |  |  |  |  |  |  |
| _           | Pa   | art   Analysis of Revenue and Expenses  |                               | ,                                   | 1  | (d) Disbursements                            |  |  |  |  |  |
| 5           | E  | (The total of amounts in columns (b),   | (a) Revenue and               | (b) Net investment                  | (c) Adjusted net                           | for charitable                               |  |  |  |  |  |
| 7           |  | (c), & (d) may not necessarily equal the amounts in column (a) (see instructions)   | expenses per<br>books         | ıncome                              | ıncome                                     | purposes<br>(cash basis only)                |  |  |  |  |  |
| TC)         | _  | Contributions offs grants etc. received   | DOORS                         |                                     |  | (Casii Dasis Offiy)                          |  |  |  |  |  |
| <b>N</b>    |  | (attach schedule)   |                               |                                     |  |  |  |  |  |  |  |
| <b>&gt;</b> |  |   |                               |                                     |  |  |  |  |  |  |  |
| MAY         |  | 3 Interest on savings and temp cash investments   |                               |                                     |  | *****  |  |  |  |  |  |
|             |  | 4 Dividends and interest from securities  | 2,729                         | 2,729                               | 2,729                                      |  |  |  |  |  |  |
|             |  | 5 a Gross rents   |                               |                                     |  |  |  |  |  |  |  |
| Ī           | _  | b Net rental income or (loss)   |                               |                                     |  |  |  |  |  |  |  |
| Z           | E  | 6 a Net gain/(loss) from sale of assets not on line 10  | 11                            |                                     |  |  |  |  |  |  |  |
| Ŗ           | 7  | b Gross sales price for all assets on line 6a 15,000  |                               |                                     | ······································     | <del></del>                                  |  |  |  |  |  |
| SCANNED     | Ė  | 7 Capital gain net income (from Part IV, line 2)  |                               | 11                                  |  |  |  |  |  |  |  |
|             | N  | 8 Net short-term capital gain   |                               |                                     | 0  | ····   |  |  |  |  |  |
|             | U  | 9 Income modifications  |                               |                                     | 0  |  |  |  |  |  |  |
|             | E  | 10 a Gross sales less   |                               |                                     | · ·  |  |  |  |  |  |  |
|             |  | rtns & allowances<br>b Less Cost of   |                               |                                     |  |  |  |  |  |  |  |
|             |  | goods sold  |                               |                                     |  |  |  |  |  |  |  |
|             |  | c Gross profit or (loss) (attach schedule)  |                               |                                     |  | ·····  |  |  |  |  |  |
|             |  | 11 Other income (attach schedule)   |                               |                                     |  |  |  |  |  |  |  |
|             |  | 12 Total. Add lines 1 through 11  | 2,740                         | 2,740                               | 2,729                                      |  |  |  |  |  |  |
|             | O<br>P   | directors, trustees, etc  | 0                             |                                     | <u> </u>                                   |  |  |  |  |  |  |
|             | E  | 14 Other employee salaries and wages .  |                               |                                     |  |  |  |  |  |  |  |
|             | R  | 15 Pension plans, employee benefits   |                               |                                     |  |  |  |  |  |  |  |
|             | A  | 16 a Legal fees (attach schedule) #.1   | 360                           | 360                                 | 360  | 360  |  |  |  |  |  |
|             | Ì  | <b>b</b> Accounting fees (attach schedule)  |                               |                                     |  |  |  |  |  |  |  |
|             | N  | c Other professional fees (attach sche#2  | 774                           | 774                                 | 774  | 774  |  |  |  |  |  |
|             | G  | 17 Interest   |                               |                                     |  | <del> </del>                                 |  |  |  |  |  |
|             | &  | 18 Taxes (attach schedule) (see instruction#3   | 15                            | 15                                  | 15   | 15   |  |  |  |  |  |
|             | A<br>D   | 19 Depreciation (attach sch.) and depletion   |                               |                                     |  |  |  |  |  |  |  |
|             | M  | laa o   |                               | · · · -                             |  |  |  |  |  |  |  |
|             | 1  | ' ' ' ' ' '   - ' ' '   - ' '   - ' '   - ' |                               |                                     |  |  |  |  |  |  |  |
|             | N  |   |                               |                                     |  |  |  |  |  |  |  |
|             | E  | \ \ <u>-</u> . \ \  |                               |                                     |  |  |  |  |  |  |  |
|             | ρ  | 23 Other expenses (attach schedule)   |                               |                                     |  |  |  |  |  |  |  |
|             | E  | 24 Total operating and administrative   |                               | İ                                   |  |  |  |  |  |  |  |
|             | N  | expenses. Add lines 13 through 23   | 1,149                         | 1,149                               | 1,149                                      | 1,149  |  |  |  |  |  |
|             | メウェスのミの  | 25 Contributions, gifts, grants paid  | 4,333                         |                                     |  | 4,333  |  |  |  |  |  |
|             | <u>s</u>   | 26 Total exp & dis bustements. Add lines 24 and 25  | 5,482                         | 1,149                               | 1,149                                      | 5,482  |  |  |  |  |  |
|             |  | 27 Subtract line 26 from line 12  |                               |                                     |  |  |  |  |  |  |  |
|             |  | a Excess of revenue over expenses and disbursements   | -2,742                        |                                     |  |  |  |  |  |  |  |
|             |  | b Net Investment Income (if neg., enter -0-)  |                               | 1,591                               | ************************                   | <del></del>                                  |  |  |  |  |  |
|             |  | c Adjusted net Income (if neg., enter -0-)  |                               | _,                                  | 1,580                                      | <del></del>                                  |  |  |  |  |  |
|             |  | ,   |                               | <u> </u>                            | -,500                                      |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)



| D              | rt II    | Balance Sheets description column should be for   | Beginning of year                     | End            | of year                                |
|----------------|----------|---|---------------------------------------|----------------|--|
| 76             | ere st   | end-of-year amounts only. (See inst.)   | (a) Book Value                        | (b) Book Value | (c) Fair Market Value                  |
|                | 1        | Cash non-interest-bearing   |                                       | 1              | 1                                      |
|                | 2        | Savings and temporary cash investments  | 1                                     | 31,124         | 31,124                                 |
|                | 3        | Accounts receivable▶  |                                       |                |  |
|                |          | Less: allowance for doubtful accts. ▶   | ·                                     |                |  |
|                | 4        | Pledges receivable ▶  |                                       |                |  |
|                | İ        | Less: allowance for doubtful accts. ▶   | ì                                     |                | 1                                      |
|                | 5        | Grants receivable   |                                       | -              |  |
|                | 6        | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)                       |                                       |                |  |
| A<br>S         |          | receivable (attach schedule)  Less allowance for doubtful accounts  | 1                                     |                |  |
| š              | 8        | Inventories for sale or use   |                                       |                |  |
| S<br>E<br>T    | 9        | Prepaid expenses and deferred charges   |                                       |                |  |
| s              | 1        | Investments U.S. and state govt obligations (attach schedule)   |                                       |                |  |
| -              |          | Investments corporate stock (attach schedule) #4.   | 37,291                                | 12 407         | 15 146                                 |
|                | ſ        | <b>I</b>  | <del></del>                           | 13,407         | <del></del>                            |
|                | 11       | Investments corporate bonds (attach schedule)#5 Investments land, buildings, and equipment basis  Less accumulated depreciation (attach schedule) | 50,000                                | 40,000         | 41,596                                 |
|                | 12       | Investments mortgage loans  |                                       |                |  |
|                | 13       | Investments other (attach schedule)   |                                       |                |  |
|                | 14       | Land, buildings, and equipment basis  |                                       |                |  |
|                |          | Less accumulated depreciation (attach schedule)   | ]                                     |                |  |
|                | 15       | Other assets (describe ▶ )  |                                       |                |  |
|                | 16       | Total assets (to be completed by all filers see the   |                                       |                |  |
|                |          | ınstructions Also, see page 1, item l)  | 87,292                                | 84,532         | 87,867                                 |
| L              | 17       | Accounts payable and accrued expenses   |                                       |                |  |
| A<br>B         | 18       | Grants payable  |                                       |                |  |
| В              | 19       | Deferred revenue  |                                       |                |  |
| Ĺ              | 20       | Loans from officers, directors, trustees, and other disqualified persons  |                                       |                |  |
| Т              | 21       | Mortgages and other notes payable (attach schedule)   |                                       |                |  |
| L              | 22       | Other liabilities (describe ▶)  |                                       |                |  |
| E<br>S         | 23       | Total liabilities (add lines 17 through 22)   | 0                                     | 0              |  |
|                |          | Foundations that follow SFAS 117, check here ▶  |                                       |                |  |
| <sub>N</sub> F |          | and complete lines 24 through 26 and lines 30 and 31.   |                                       |                |  |
| ΝĽ             | 24       | Unrestricted  |                                       |                |  |
|                | 25       | Temporarily restricted.   | · · · · · · · · · · · · · · · · · · · |                | 7                                      |
| 4 <sup>D</sup> | 26       | Permanently restricted  |                                       |                | 7                                      |
| SB             | ]        | Foundations that do not follow SFAS 117, ck. here ▶ 🏻   |                                       | •              |  |
| ΕĽ             |          | and complete lines 27 through 31.   |                                       |                |  |
| ASSETS         | 27       | Capital stock, trust principal, or current funds  | 87,292                                | 84,532         |  |
| C              | 28       | Paid-in or capital surplus, or land, bldg., and equipment fund  |                                       |                |  |
| BE             | 28<br>29 | Retained earnings, accumulated income, endowment, or other funds  |                                       |                | 7                                      |
| 3              | 30       | Total net assets or fund balances (see the instructions)  | 87,292                                | 84,532         |  |
|                | 31       | Total liabilities and net assets/fund balances (see the inst.)  | 87,292                                | 84,532         |  |
| Pa             | rt III   | Analysis of Changes in Net Assets or Fund Bal   |                                       | <u>-</u> -     | ************************************** |
| 1              |          | I net assets or fund balances at beginning of year Part II, colum   |                                       | with           |  |
|                |          | -of-year figure reported on prior year's return)  |                                       | 1              | 87,292                                 |
| 2              |          | r amount from Part I, line 27a  |                                       | 2              | -2,742                                 |
| 3              |          |   |                                       | 3              |  |
| 4              |          |   |                                       | 4              | 84,550                                 |
| 5              | Deci     | reases not included in line 2 (itemize) > See attachmen   | nt #6                                 | 5              | 18                                     |
| 6              |          | I net assets or fund balances at end of year (line 4 minus line 5)  |                                       | 30 6           | 84,532                                 |

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| Pa           | rt IV Capital Gains                                     | and Losses for Tax on Inv   | estment Incom                                       | 6                                       |                     |  |
|--------------|---|---|---|---|---------------------|--|
|              | (a) List and describe t                                 | the kind(s) of property sold (e.g., rea   | l estate,   | (b) How acquired                        | (c) Date acquired   | (d) Date sold                            |
|              | 2-story brick wareh                                     | ouse; or common stock, 200 shs. ML  | _C Co.)   | P Purchase<br>D Donation                | (mo., day, yr.)     | (mo., day, yr)                           |
| 1a           | See attachment  | #7  | -   |   |                     |  |
| ь            |   |   |   |   |                     |  |
| c            |   |   | <del></del>   |   |                     |  |
| <u>d</u>     |   |   |   |   |                     |  |
| <u>e</u>     |   | ·   |   | <u> </u>                                |                     |  |
|              | (e) Gross sales price                                   | (f) Depreciation allowed (or allowable)   | (g) Cost or o<br>plus expens                        |   | · , ,               | n or (loss)<br>f) minus (g)              |
| а            |   |   |   |   |                     |  |
| _b           |   |   |   |   |                     |  |
| C            |   |   |   |   |                     |  |
| <u>d</u>     |   |   |   |   | <del></del>         |  |
| _ <u>e</u> _ |   |   |   |   |                     |  |
|              | Complete only for assets sh                             | owing gain in column (h) and owned  | T .   |   |                     | . (h) gain minus                         |
| (            | (I) F.M.V. as of 12/31/69                               | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of over col (j                           |   |                     | less than -0-) <b>or</b><br>rom col (h)) |
| a            |   |   | - · · · · · · · · · · · · · · · · ·                 |   |                     |  |
| _b           |   |   |   |   |                     |  |
| c            |   |   |   | <u> </u>                                |                     |  |
| d            |   |   |   |   |                     |  |
| е            |   |   | L   |   |                     |  |
| 2            | Capital gain net income or (i                           | net capital loss) If gain, al   | so enter in Part I, lin<br>enter -0- in Part I, lii | ne 7                                    | 2                   | 11                                       |
| 3            | Net short-term capital gain o                           | or (loss) as defined in sections 1222(  |   | _                                       |                     |  |
|              | •   | ne 8, column (c) (see the instructions  |   | 7                                       |                     |  |
| 1            | lf (loss), enter -0- in Part I, li                      | ıne 8   |   |   | 3                   | 11                                       |
| Pa           | rt V Qualification I                                    | Under Section 4940(e) for R   | leduced Tax on                                      | Net Investn                             | nent Income         |  |
| (For         | optional use by domestic pr                             | rivate foundations subject to the sect  | ion 4940(a) tax on n                                | et investment inc                       | ome)                |  |
| If co.       | ction 4940(d)(2) applies, lea                           | vo this part blank  |   |   |                     |  |
| 11 36        | ciion 4340(u)(z) applies, lea                           | ve tilis part blank   |   |   |                     |  |
|              |   | e section 4942 tax on the distributable<br>t qualify under section 4940(e). Do no |   |   | od?                 | Yes X No                                 |
| 1            | Enter the appropriate amou                              | nt in each column for each year; see  | the instructions befo                               | ore making any e                        | entries.            |  |
|              | (a)   | (b)   |   | (c)                                     |                     | (d)                                      |
|              | Base period years<br>Calendar year (or tax year beg. in | Adjusted qualifying distributi  |   | Net value of<br>iritable-use assets     |                     | tribution ratio<br>divided by col. (c))  |
|              | 2009  | 5,42  | 2   | 87,02                                   | 6                   | 0.062303                                 |
|              | 2008  | 5,56  | 5   | 85,69                                   | 6                   | 0.064939                                 |
|              | 2007  | 5,68  | 12  | 89,12                                   | 3                   | 0.063755                                 |
|              | 2006  | 5,56  |   | 91,60                                   | 5                   | 0.060750                                 |
|              | 2005  | 5,61  | .4  | 90,12                                   | 8                   | 0.062289                                 |
|              |   |   |   |   |                     |  |
|              | Total of line 1, column (d)                             |   |   |   | 2                   | 0.314036                                 |
| 3            | -   | or the 5-year base period divide the  | •   | •                                       |                     |  |
|              | of years the foundation has                             | been in existence if less than 5 years  | s   |   | . 3                 | 0.062807                                 |
|              |   |   |   |   |                     |  |
| 4            | Enter the net value of nonc                             | haritable-use assets for 2010 from P  | art X, line 5                                       |   | 4                   | 86,549                                   |
|              |   |   |   |   |                     |  |
| 5            | Multiply line 4 by line 3                               |   |   |   | 5                   | 5,436                                    |
| 6            | Enter 1% of net investment                              | income (1% of Part I, line 27b)   |   |   | . 6                 | 16                                       |
| •            | 170 of flot flivootrabile                               |   |   | • | ·   <del> </del>    |  |
| 7            | Add lines 5 and 6                                       |   |   |   | 7                   | 5,452                                    |
| -            |   |   |   |   |                     | -,                                       |
| 8            |   | s from Part XII, line 4   |   |   | 8                   | 5,482                                    |
|              | If line 8 is equal to or greate instructions            | er than line 7, check the box in Part \   | /I, line 1b, and comp                               | olete that part us                      | ng a 1% tax rate Se | ee the Part VI                           |

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| Pa  | rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see to   | the Instr | uctio | ns)  |     |
|-----|---|-----------|-------|------|-----|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.   |           |       |      |     |
|     | Date of ruling or determination letter: (attach copy of letter if necessary see inst.)  |           |       |      |     |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check  | <u> </u>  |       |      | 16  |
|     | here ► X and enter 1% of Part I, line 27b   |           |       |      |     |
| С   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%  |           |       |      |     |
| 2   | of Part I, line 12, col (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | İ         |       |      | 0   |
| 3   | Add lines 1 and 2   | +         |       |      | 16  |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   | +         |       |      | 0   |
| 5   | Tax based on Investment Income. Subtract line 4 from line 3 If zero or less, enter -0   | +         |       |      | 16  |
| 6   | Credits/Payments.   | <b>-</b>  | ••••• |      |     |
| а   | 2010 estimated tax payments and 2009 overpayment credited to 2010   6a  |           |       |      |     |
| ь   | Exempt foreign organizations tax withheld at source   | -         |       |      |     |
| С   | Tax paid with application for extension of time to file (Form 8868) 6c  |           |       |      |     |
| d   | Backup withholding erroneously withheld 6d  |           |       |      |     |
| 7   | Total credits and payments Add lines 6a through 6d  | 1         |       |      | 0   |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  |           |       |      |     |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |           |       |      | 16  |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |           |       |      |     |
| 11  | Enter the amount of line 10 to be. Credited to 2011 estimated tax ▶ Refunded ▶ 11   |           |       |      |     |
| Pa  | rt VII-A Statements Regarding Activities  |           |       |      |     |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate  |           |       | Yes  | No  |
|     | ıntervene ın any political campaign?  |           | 1a    |      | X   |
| Ь   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for   |           |       |      |     |
|     | definition)?  |           | 1b    |      | X   |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published   | d         |       |      |     |
|     | or distributed by the foundation in connection with the activities.   |           |       | 1    | 7.7 |
|     | Did the foundation file Form 1120-POL for this year?  |           | 1c    |      | X   |
| đ   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year   |           |       |      |     |
|     | (1) On the foundation . > \$ 0 (2) On foundation managers > \$  | <u> </u>  |       |      |     |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed   |           |       | 1    |     |
| •   | on foundation managers ► \$ 0   | -         |       |      | Х   |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | ·  -      | 2     | +    |     |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of   |           |       |      |     |
| Ū   | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  | ŀ         | 3     |      | Х   |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | ·         | 4a    |      | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | ····      |       | N/A  |     |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | `         | 5     |      | Х   |
|     | If "Yes," attach the statement required by General Instruction T.   |           |       |      |     |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:   |           |       | 1    |     |
|     | By language in the governing instrument, or   |           |       | 1    |     |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that  |           |       |      |     |
|     | conflict with the state law remain in the governing instrument?   | . L       | 6     | Х    |     |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part   | xv [      | 7     | X    |     |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions)  |           |       |      |     |
|     | ▶ IL  |           |       |      |     |
| b   | ,   |           |       |      |     |
|     | designate) of each state as required by General Instruction G? If "No," attach explanation  | L         | 8b    | Х    | ļ   |
| 9   | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or   |           |       |      |     |
|     | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete the second of the taxable year beginning in 2010 (see instructions for Part XIV)? | lete      |       |      |     |
|     | Part XIV  | ····      | 9     |      | X   |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names  |           | .     |      | ٠,  |
|     | and addresses   | <u>··</u> | 10    | DE ( | _X  |
|     |   |           |       |      |     |

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Form 990-PF (2010)

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| Form | 1990-PF(2010) Alpha Upsilon Chap., Delta 37-1331950  |    | Pa  | age <b>5</b> |
|------|--|----|-----|--------------|
| Par  | t VII-A Statements Regarding Activities (continued)  |    |     |              |
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the                  |    |     |              |
|      | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11 |     | Х            |
| 12   | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before                         |    |     |              |
|      | August 17, 2008?   | 12 |     | Х            |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?          | 13 | X   | L            |
|      | Website address ►N/A   |    |     |              |
| 14   | The books are in care of ▶See attachment #8  Telephone no ▶  |    |     |              |
|      | Located at ▶ ZIP+4 ▶   |    |     |              |
| 15   | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 Check here                             |    |     | <b>&gt;</b>  |
|      | and enter the amount of tax-exempt interest received or accrued during the year  |    |     |              |
| 16   | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, |    | Yes | No           |
|      | securities, or other financial account in a foreign country?   | 16 |     | X            |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the           |    |     |              |
|      | foreign country ▶  |    |     |              |
| Par  | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |    |     |              |
|      | File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.                                      |    | Yes | No           |
| 1a   | During the year did the foundation (either directly or indirectly):  |    |     |              |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes X No                            |    |     |              |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)                                      |    |     |              |
|      | a disqualified person?   |    |     |              |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🔯 No                          |    |     |              |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |    |     |              |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available                                  |    |     |              |
|      | for the benefit or use of a disqualified person)?  |    |     |              |
|      | (6) Agree to pay money or property to a government official? (Exception. Check "No"  |    |     |              |
|      | If the foundation agreed to make a grant to or to employ the official for a period   |    |     |              |
|      | after termination of government service, if terminating within 90 days.)   |    |     |              |
| b    | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in                   |    |     |              |
|      | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?                    | 1b |     | Х            |
|      | Organizations relying on a current notice regarding disaster assistance check here   |    |     |              |
| С    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,                      |    |     |              |
|      | that were not corrected before the first day of the tax year beginning in 2010?  | 1c |     | Х            |
| 2    | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private                  |    |     |              |
|      | operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |    |     |              |
| а    | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d                                      |    |     |              |
|      | and 6e, Part XIII) for tax year(s) beginning before 2010?  |    |     |              |
|      | If "Yes," list the years ▶ 20 , 20 , 20 , 20   |    |     |              |
| b    | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)        |    |     |              |
|      | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)              |    | -   |              |
|      | to all years listed, answer "No" and attach statement see instructions)  | 2b |     | Х            |
| C    | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here              |    |     |              |
|      | ▶ 20 <u> </u>  |    |     |              |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any business   |    | :   |              |
|      | enterprise at any time during the year?  |    | -   |              |
| b    | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation                     |    |     |              |
|      | or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved                    |    |     |              |
|      | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)                     |    |     |              |
|      | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine                   |    |     |              |
|      | If the foundation had excess business holdings in 2010.)   | 3b |     | Х            |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?              | 4a |     | Х            |
| b    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable    |    |     |              |
|      | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?                      | 4b |     | Х            |

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|-----|-------|---|--|---|--|------------------|-----------------------|-------|
|     |       | I-B Statements Regarding Activ                              |  | Form 4/20 May Be                          | Requirea (continue   | <u>d)</u>        |                       |       |
| 5 a |       | ring the year did the foundation pay or incu                | •  |   |  |                  |                       | i     |
|     |       | Carry on propaganda, or otherwise attemption                | _  | •   | Yes X  | No               |                       | i     |
|     | (2)   | Influence the outcome of any specific pub                   | lic election (see sectio                                     | n 4955); or to carry                      |  | ,                |                       | į     |
|     |       | on, directly or indirectly, any voter registra              |  |   |  | No               | 1 1                   | į     |
|     | (3)   | Provide a grant to an individual for travel,                | study, or other similar                                      | purposes?                                 | ∐ Yes X  | No               | 1 1                   |       |
|     | (4)   | Provide a grant to an organization other th                 | nan a charitable, etc., o                                    | organization described                    |  |                  |                       |       |
|     |       | in section 509(a)(1), (2), or (3), or section               | 4940(d)(2)? (see ınstru                                      | uctions)                                  | Yes 🔀  | No               | 1 1                   |       |
|     | (5)   | Provide for any purpose other than religio                  | us, charitable, scientifi                                    | c, literary, or                           |  |                  |                       | i     |
|     |       | educational purposes, or for the prevention                 | n of cruelty to childrer                                     | n or animals?                             | Yes 🔀  | No               |                       | į     |
| b   | If a  | ny answer is "Yes" to 5a(1)-(5), did any of                 | the transactions fail to                                     | qualify under the except                  | ions described in  |                  | 1 1                   | į     |
|     | Re    | gulations section 53 4945 or in a current not               | ice regarding disaster                                       | assistance (see instruction               | ons)? , , , ,  | <u>.</u> 5b      |                       | X     |
|     | Org   | ganizations relying on a current notice regar               | ding disaster assistant                                      | ce check here                             |  |                  |                       | ĺ     |
| С   | If th | ne answer is "Yes" to question 5a(4), does t                | he foundation claim ex                                       | cemption from the tax                     |  |                  |                       | İ     |
|     | bed   | cause it maintained expenditure responsibili                | ty for the grant?  |   | N/A Yes  | No               |                       | į     |
|     | If "  | Yes," attach the statement required by Regu                 | ilations section 53 494                                      | 5-5(d)                                    |  |                  |                       |       |
| 6a  | Did   | I the foundation, during the year, receive an               | y funds, directly or ind                                     | lirectly, to pay premiums                 |  |                  |                       |       |
|     | on    | a personal benefit contract?                                |  |   | ∏ Yes 🏻  | No               |                       |       |
| b   | Did   | I the foundation, during the year, pay premi                | ums, directly or indirec                                     | tly, on a personal benefi                 | t contract?  | 6b               | .   .                 | X     |
|     | If "  | Yes" to 6b, file Form 8870                                  |  |   |  |                  |                       |       |
| 7a  | At a  | any time during the tax year, was the found                 | ation a party to a prohi                                     | ibited tax shelter transact               | ion? ☐ Yes 🄀   | No               |                       |       |
| b   | If "  | Yes," did the foundation receive any procee                 | ds or have any net inc                                       | come attributable to the t                | ransaction?  | 7b               | ı İ                   | Х     |
| Par | t V   | III Information About Officers,                             | Directors, Truste  | es, Foundation Ma                         | anagers, Highly Pa   | aid Empl         | oyees,                | ,     |
|     |       | and Contractors   |  |   |  |                  |                       |       |
| 1_  | Lis   | t all officers, directors, trustees, foundati               | on managers and the  | ir compensation (see i                    | nstructions).  |                  |                       |       |
|     |       | (a) Name and address  | (b) Title, and avg.<br>hours per week<br>devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred comp. | (e) Exper        | ise acco<br>illowance |       |
| See | 2 6   | attachment #9   | devoted to position  |   | and deterred comp.   |                  |                       |       |
|     |       | ··  |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  | 1   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
| 2   | Co    | mpensation of five highest-paid employe                     | es (other than those   | included on line 1 s                      | ee instructions).  |                  |                       |       |
|     | lf n  | none, enter "NONE."   |  |   | ·  |                  |                       |       |
|     |       |   | (b) Title, and avg.  |   | (d) Contributions to   | (-) 5            |                       |       |
| (a  | ) INC | ame and address of each employee paid<br>more than \$50,000 | hours per week   | (c) Compensation                          | employee benefit<br>plans and deferred                               | (e) Exper        | ise acco              |       |
|     |       | . ,   | devoted to position  |   | compensation   | 0                |                       |       |
| See | e a   | attachment #10  |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  | -                |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  | }                |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   |  |                  |                       |       |
|     |       |   |  |   | <u> </u>   | <u>l</u>         |                       |       |
|     | _     | mber of other employees paid over \$50,000                  |  |   | · · · · · · · · · · · · · · · · · · ·                                |                  |                       | 0     |
| JVA |       | 10 990PF6 TWF 39333 Copyright For                           | ms (Software Only) – 2010                                    | TW  |  | Form <b>99</b> 0 | )-PF (                | 2010  |

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| rom 990-PF (2010) Alpha Opsilon Chap., Deita   | 37-1331950                            | Page 7            |
|--|---------------------------------------|-------------------|
| Part VIII Information About Officers, Directors, Trustees, F   | oundation Managers, Highi             | y Paid Employees, |
| and Contractors (continued)  |                                       |                   |
| 3 Five highest-paid independent contractors for professional services (see   |                                       |                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                   | (c) Compensation  |
| See attachment #11   |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
|  | į                                     |                   |
|  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
| Total number of others receiving over \$50,000 for professional services   | · · · · · · · · · · · · · · · · · · · | <b>.</b>          |
| Part IX-A Summary of Direct Charitable Activities  |                                       |                   |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant s of organizations and other beneficiaries served, conferences convened, research papers produce   |                                       | Expenses          |
| 1See attachment #12  |                                       | <del></del>       |
| •  |                                       |                   |
|  |                                       | 4,333             |
| 2  |                                       | -                 |
|  |                                       |                   |
|  |                                       |                   |
| 3  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
| 4  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
| Part IX-B Summary of Program-Related Investments (see the  | instructions)                         |                   |
| Describe the two largest program-related investments made by the foundation du   | ring the tax year on lines 1 and 2    | Amount            |
| 1  |                                       |                   |
|  |                                       |                   |
|  |                                       |                   |
| 2  |                                       |                   |
|  |                                       |                   |
| All observed the second of the |                                       |                   |
| All other program-related investments. See the instructions.   |                                       |                   |
| 3See attachment #13  | 1                                     |                   |
|  |                                       |                   |

Form **990-PF** (2010)

Total. Add lines 1 through 3

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| Pa          | <u>rt X 3</u> Minimum Investment Return (All domestic foundations must complete this part. Foreign found see the instructions.) | ations,                                 |                                       |
|-------------|---|---|---------------------------------------|
| <del></del> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,                               |   |                                       |
| •           | , , , , , , ,   |   |                                       |
| _           | purposes:   | 12                                      | 31,125                                |
| a           | Average monthly fair market value of securities   | 1a                                      |                                       |
| Þ           | Average of monthly cash balances  | 1b                                      | 56,742                                |
| C           | Fair market value of all other assets (see the instructions)  | 1c                                      | 05.065                                |
| d           | Total (add lines 1a, b, and c)  | 1d                                      | 87,867                                |
| е           | Reduction claimed for blockage or other factors reported on lines 1a and  |   |                                       |
|             | 1c (attach detailed explanation)  | 1                                       |                                       |
| 2           | Acquisition indebtedness applicable to line 1 assets  | 2                                       |                                       |
| 3           | Subtract line 2 from line 1d  | 3                                       | 87,867                                |
| 4           | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see                                    |   |                                       |
|             | the instructions)   | 4                                       | 1,318                                 |
| 5           | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                            | 5                                       | 86,549                                |
| 6           | Minimum Investment return. Enter 5% of line 5   | 6                                       | 4,327                                 |
| Pa          | Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating                                    |   |                                       |
|             | foundations and certain foreign organizations check here   and do not complete this part.)                                      | , |                                       |
| 1           | Minimum investment return from Part X, line 6   | 1                                       | 4,327                                 |
| 2a          | Tax on investment income for 2010 from Part VI, line 5  | ]                                       |                                       |
| b           | Income tax for 2010 (This does not include the tax from Part VI)  |   |                                       |
| С           | Add lines 2a and 2b   | 2c                                      | 16                                    |
| 3           | Distributable amount before adjustments Subtract line 2c from line 1  | 3                                       | 4,311                                 |
| 4           | Recoveries of amounts treated as qualifying distributions   | 4                                       |                                       |
| 5           | Add lines 3 and 4   | 5                                       | 4,311                                 |
| 6           | Deduction from distributable amount (see the instructions)  | 6                                       |                                       |
| 7           | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,                                       |   |                                       |
|             | line 1  | 7                                       | 4,311                                 |
|             | A Wild Consider a Distribution of   |   |                                       |
| Pa          | Qualifying Distributions (see the instructions)   |   |                                       |
| 1           | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                      |   |                                       |
| а           | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a                                      | 5,482                                 |
| b           | Program-related investments total from Part IX-B  | 1b                                      |                                       |
| 2           | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,                                |   |                                       |
|             | purposes  | 2                                       |                                       |
| 3           | Amounts set aside for specific charitable projects that satisfy the:  |   |                                       |
| а           | Suitability test (prior IRS approval required)  | 3a                                      |                                       |
| b           | Cash distribution test (attach the required schedule)   | 3b                                      |                                       |
| 4           | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                     | 4                                       | 5,482                                 |
| 5           | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income                             |   | · · · · · · · · · · · · · · · · · · · |
|             | Enter 1% of Part I, line 27b (see the instructions)   | 5                                       | 16                                    |
| 6           | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6                                       | 5,466                                 |
| ~           | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the                 |   |                                       |
|             | qualifies for the section 4940(e) reduction of tax in those years.  |   |                                       |
| 0/0         | 10 COODER TWE 30335 Conversely Forms (Software Only) - 2010 TW  | Eorm (                                  | 201_PF (2010                          |

| Par | t XIII   Undistributed Income (see                  | the instructions) |   |       | <del></del>                                      |
|-----|---|-------------------|---|-------|--|
|     |   | (a)               | (b)                                     | (c)   | (d)  |
| 1   | Distributable amount for 2010 from Part XI,         | Corpus            | Years prior to 2009                     | 2009  | 2010   |
|     | line 7  |                   |   |       | 4,311  |
| 2   | Undistributed income, if any, as of the end of 2010 |                   |   |       |  |
| а   | Enter amount for 2009 only                          |                   |   |       |  |
| b   | Total for prior years 20 , 20 , 20                  |                   |   |       |  |
| 3   | Excess distributions carryover, if any, to 2010     |                   |   | ····· |  |
| а   | From 2005   |                   |   |       |  |
|     | From 2006   |                   |   |       |  |
|     | From 2007   |                   |   |       |  |
|     | From 2008   |                   |   |       |  |
|     | From 2009   |                   |   |       |  |
|     | Total of lines 3a through e                         | 0                 |   |       |  |
| 4   | Qualifying distributions for 2010 from Part XII,    |                   |   |       |  |
| 7   | line 4 ▶ \$ 5,482                                   |                   |   |       |  |
| -   | Applied to 2009, but not more than line 2a          |                   |   |       |  |
|     |   |                   |   |       |  |
| b   | Applied to undistributed income of prior years      |                   |   |       |  |
| _   | (Election required see the instructions)            |                   |   |       |  |
| C   | Treated as distributions out of corpus              |                   |   |       |  |
|     | (Election required see the instructions)            |                   |   |       |  |
|     | Applied to 2010 distributable amount                |                   |   |       |  |
|     | Remaining amount distributed out of corpus, , , ,   |                   |   |       |  |
| 5   | Excess distributions carryover applied to 2010      |                   |   |       |  |
|     | (If an amount appears in column (d), the same       |                   |   |       |  |
| _   | amount must be shown in column (a) )                |                   |   |       |  |
| 6   | Enter the net total of each column as               |                   |   |       |  |
|     | Indicated below:                                    |                   |   |       |  |
|     | Corpus Add lines 3f, 4c, and 4e Subtract line 5     |                   |   |       | <del>*************************************</del> |
| b   | Prior years' undistributed income. Subtract         |                   |   |       |  |
|     | line 4b from line 2b                                |                   |   |       |  |
| С   | Enter the amount of prior years' undistributed      |                   |   |       |  |
|     | income for which a notice of deficiency has been    |                   |   |       |  |
|     | issued, or on which the section 4942(a) tax has     |                   |   |       |  |
|     | been previously assessed                            |                   |   |       |  |
| d   | Subtract line 6c from line 6b Taxable               |                   |   |       |  |
|     | amount see the instructions                         |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       | <del></del>                                      |
| е   | Undistributed income for 2009. Subtract             |                   |   |       |  |
|     | line 4a from line 2a. Taxable amount                |                   |   |       |  |
|     | see the instructions                                |                   |   |       |  |
| f   | Undistributed income for 2010. Subtract             |                   |   |       |  |
|     | lines 4d and 5 from line 1 This amount              |                   |   |       |  |
|     | must be distributed in 2011                         |                   |   |       | 4,311  |
| 7   | Amounts treated as distributions out of             |                   |   |       |  |
|     | corpus to satisfy requirements imposed              |                   |   |       |  |
|     | by section 170(b)(1)(F) or 4942(g)(3) (see          |                   |   |       |  |
|     | the instructions)                                   |                   |   |       |  |
| 8   | Excess distributions carryover from 2005            |                   |   |       |  |
|     | not applied on line 5 or line 7 (see the            |                   |   |       |  |
|     | ınstructions)                                       |                   |   |       |  |
| 9   | Excess distributions carryover to 2011.             |                   |   |       |  |
|     | Subtract lines 7 and 8 from line 6a                 |                   |   |       |  |
| 10  | Analysis of line 9:                                 |                   |   |       |  |
|     | Excess from 2006                                    |                   |   |       |  |
| b   | Excess from 2007                                    |                   |   | ,     |  |
| С   | Excess from 2008                                    |                   |   |       |  |
| d   | Excess from 2009 .                                  |                   |   |       |  |
| е   | Excess from 2010                                    |                   |   |       |  |

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|-----|---|------------------------|------------------------|-------------------------|---------------------------------------|------------------|
|     | t XIV Private Operating Found   |                        |                        | <del></del>             | ·                                     |                  |
| 1a  | If the foundation has received a ruling or                                  |                        | -                      | - 1                     |                                       | /-               |
|     | foundation, and the ruling is effective for                                 |                        | -                      |                         |                                       | /A               |
|     | Check box to indicate whether the found                                     | - · <del></del>        | perating foundation of |                         | 4942(j)(3) or                         | 4942(j)(5)       |
| 2a  | Enter the lesser of the adjusted net income from Part I or the minimum      | Tax year               |                        | Prior 3 years           | т                                     | (e) Total        |
|     | investment return from Part X for each                                      | (a) 2010               | (b) 2009               | (c) 2008                | (d) 2007                              | ļ · · · ·        |
|     | year listed   |                        |                        |                         |                                       |                  |
| Þ   | 85% of line 2a  |                        | -                      |                         |                                       |                  |
| С   | Qualifying distributions from Part XII, line 4 for each year listed         |                        |                        |                         |                                       |                  |
| d   | Amounts included in line 2c not used directly for active conduct exempt act |                        |                        |                         |                                       |                  |
| е   | Qualifying distributions made directly                                      |                        |                        |                         |                                       |                  |
| -   | for active conduct of exempt activities.                                    |                        |                        |                         |                                       |                  |
|     | Subtract line 2d from line 2c   |                        |                        |                         |                                       |                  |
| 3   | Complete 3a, b, or c for the alternative test relied upon:                  |                        |                        |                         |                                       |                  |
|     | "Assets" alternative test enter:  |                        |                        |                         |                                       |                  |
|     | (1) Value of all assets   |                        |                        |                         |                                       |                  |
|     | (2) Value of assets qualifying under  |                        |                        |                         |                                       |                  |
|     | section 4942(j)(3)(B)(i)  |                        |                        |                         |                                       |                  |
| b   | "Endowment" alternative test enter  |                        |                        |                         |                                       |                  |
|     | 2/3 of min investment return shown in Part X, line 6 for each year listed   |                        |                        |                         |                                       |                  |
| _   | "Support" alternative test enter  |                        |                        |                         |                                       |                  |
| C   | ''  |                        |                        |                         |                                       |                  |
|     | (1) Total support other than gross investment income (interest,             |                        |                        |                         | •                                     |                  |
|     | dividends, rents, payments on   |                        |                        |                         |                                       |                  |
|     | securities loans (section 512(a) (5)), or royalties)                        |                        |                        |                         |                                       |                  |
|     | (2) Support from general public and   | <del>-</del> ·         |                        |                         |                                       |                  |
|     | 5 or more exempt organizations  |                        |                        |                         |                                       |                  |
|     | as provided in section 4942(j)(3)<br>(B)(iii)                               |                        |                        |                         |                                       |                  |
|     |   | <del></del>            |                        | <u> </u>                |                                       |                  |
|     | (3) Largest amount of support from an exempt organization                   |                        |                        |                         |                                       |                  |
|     | (4) Gross investment income   |                        |                        |                         |                                       |                  |
| Par | XV Supplementary Informati  | on (Complete           | this part only if      | the foundation          | n had \$5.000 or                      | more in assets   |
|     | at any time during the ye   | •                      | •                      |                         | , , , , , , , , , , , , , , , , , , , |                  |
| 1   | Information Regarding Foundation Ma   |                        |                        |                         | · · · · · · · · · · · · · · · · · ·   | · <u>-</u>       |
| а   | List any managers of the foundation who                                     | -                      | nore than 2% of the    | total contributions re  | eceived by the found                  | ation before the |
|     | close of any tax year (but only if they hav                                 |                        |                        |                         | •                                     |                  |
|     | None  |                        | . , ,                  |                         |                                       |                  |
| b   | List any managers of the foundation who                                     | own 10% or more        | of the stock of a corp | poration (or an equa    | ally large portion of th              | ne ownership     |
|     | of a partnership or other entity) of which                                  | the foundation has     | a 10% or greater into  | erest                   | , , ,                                 | ·                |
|     | None  |                        |                        |                         |                                       |                  |
| 2   | Information Regarding Contribution, G                                       | irant, Gift, Loan, Sc  | holarship, etc., Pro   | ograms:                 |                                       |                  |
|     | Check here ▶ ☐ If the foundation only                                       | makes contribution     | is to preselected cha  | arıtable organızatıon   | s and does not acce                   | pt unsolicited   |
|     | requests for funds. If the foundation make                                  | es gifts, grants, etc. | (see the instructions  | s) to individuals or o  | rganizations under o                  | ther conditions, |
|     | complete items 2a, b, c, and d.   |                        |                        |                         |                                       |                  |
| а   | The name, address, and telephone number                                     | ber of the person to   | whom applications      | should be addresse      | d                                     |                  |
| See | attachment 14   |                        |                        |                         |                                       |                  |
|     |   |                        |                        | ·                       |                                       |                  |
|     | The form in which applications should be                                    | e submitted and info   | rmation and materia    | als they should inclu   | de.                                   |                  |
| See | attachment 14   |                        |                        |                         |                                       |                  |
|     |   |                        |                        | ~                       |                                       |                  |
|     | Any submission deadlines:   |                        |                        |                         |                                       |                  |
| See | attachment 14   |                        |                        |                         |                                       |                  |
|     |   | ·                      |                        | <u> </u>                |                                       |                  |
|     | Any restrictions or limitations on awards,                                  | such as by geograp     | phical areas, chantab  | ole fields, kınds of ın | stitutions, or other fa               | ctors:           |
| See | attachment 14   |                        |                        |                         |                                       |                  |
|     | 40 00000040 7000000   | . L. E                 | 13. 00.0 5.4           | -                       |                                       | 200 55           |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid Dur   |  |           | or Future Payment                |        |
|---|--|-----------|----------------------------------|--------|
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)   | or substantial contributor   | recipient | Contribution                     |        |
| Name and address (home or business)  a Paid during the year  See attachment #15 |  | recipient |                                  |        |
|   |  |           |                                  |        |
|   |  |           |                                  |        |
| Total   |  |           | ▶ 3a                             | 4,333  |
| b Approved for future payment See attachment #16                                |  |           | 3h                               |        |

Form 990-PF (2010) Alpha Upsilon Chap., Delta 37-1331950

Page 12

| Enter gross amounts unless otherwise indicated.            | Unrelated business income |        | Excluded by | section 512, 513, or 514 | (e)                                  |
|--|---------------------------|--------|-------------|--------------------------|--------------------------------------|
|  | (a)                       | (b)    | (c)         | (d)                      | Related or exempt<br>function income |
|  | Business                  | Amount | Excl        | Amount                   | (See the                             |
| 1 Program service revenue:                                 | code                      |        | code        |                          | instructions.)                       |
| a  |                           |        |             |                          |                                      |
| b  |                           |        |             |                          |                                      |
| С  |                           |        |             |                          |                                      |
| d  |                           |        |             |                          |                                      |
| е  |                           |        |             |                          |                                      |
| f  |                           |        |             |                          |                                      |
| g Fees & contracts from government agencies                |                           |        |             |                          |                                      |
| 2 Membership dues and assessments                          |                           |        |             |                          |                                      |
| 3 Interest on savings and temporary cash investments       |                           |        |             |                          |                                      |
| 4 Dividends and interest from securities                   |                           |        | 14          | 2,729                    |                                      |
| 5 Net rental income or (loss) from real estate             |                           |        |             |                          |                                      |
| a Debt-financed property                                   |                           |        |             |                          |                                      |
| <b>b</b> Not debt-financed property                        |                           |        |             |                          |                                      |
| 6 Net rental income or (loss) from personal property       |                           |        |             |                          |                                      |
| 7 Other investment income                                  |                           |        |             |                          |                                      |
| 8 Gain or (loss) from sales of assets other than inventory |                           |        | 14          | 11                       |                                      |
| 9 Net income or (loss) from special events                 |                           |        |             |                          |                                      |
| 10 Gross profit or (loss) from sales of inventory          |                           |        |             |                          |                                      |
| 11 Other revenue: a  |                           |        |             |                          |                                      |
| b  |                           |        |             |                          |                                      |
| c  |                           |        |             |                          |                                      |
| d  |                           |        |             |                          |                                      |
| e  |                           |        |             |                          |                                      |
| 12 Subtotal. Add columns (b), (d), and (e)                 |                           | 0      |             | 2,740                    | 0                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)           |                           |        |             | 13                       | 2,740                                |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼ Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)

See attachment #17

| Pan /         | XVII         | Information F<br>Exempt Orga                            | •  | ansfers To and  | d Transact                              | ions ar                      | nd Relatio         | nships With Nor                                       | ncharit     | able     |           |
|---------------|--------------|---|--|---|---|------------------------------|--------------------|---|-------------|----------|-----------|
| 1 Di          | d the        | organization directly                                   |  | age in any of the fol                                 | lowing with a                           | nv other o                   | organization (     | described in section                                  | 1           | Yes      | No        |
|               |              | of the Code (other the                                  |  |   |   |                              |                    |   |             |          |           |
|               |              | s from the reporting                                    |  | · -   |   |                              | .5 to poo          | g   |             |          |           |
|               | ) Cas        |   |  | · ·   |   |                              |                    |   | 1a(1)       | 1 1      | Х         |
| •             | •            | er assets   |  |   |   |                              |                    |   | 1a(2)       |          | X         |
| •             | •            | ansactions  |  |   |   |                              |                    |   | 1-(-/       |          |           |
|               |              | es of assets to a nor                                   | charitable exemi                         | of organization                                       |   |                              |                    |   | 1b(1)       | 1 1      | Х         |
| (2            | •            | chases of assets from                                   | •  | =   |   |                              |                    |   | 1b(2)       | 1        | X         |
| (3)           | •            | ntal of facilities, equip                               |  | . •   |   |                              |                    |   | 1b(3)       | $\vdash$ | X         |
| (4            | •            | mbursement arrange                                      | •  |   |   |                              |                    |   | 1b(4)       |          | X         |
| (5            | •            | ins or loan guarante                                    |  |   |   |                              |                    |   | 1b(5)       | $\vdash$ | X         |
| (6)           | -            | formance of services                                    |  |   |   |                              |                    |   | 1b(6)       | $\vdash$ | X         |
| •             |              | of facilities, equipme                                  |  |   |   |                              |                    |   | 1c          |          | X         |
|               | _            |   | =  |   |   |                              |                    | · · · · · · · · · · · · · · · · · · ·                 |             |          |           |
| (a) Line n    | 10 <b>(b</b> | ) Amount involved                                       | (c) Name of no                           | ncharitable exempt                                    | organization                            | (d) Desci                    | ription of transf  | ers, transactions, and sha                            | ring arranj | gements  |           |
| 2 a ls        | the fo       | undation directly or                                    | ndirectly affiliated                     | d with, or related to,                                | , one or more                           | tax-exen                     | npt organizati     | ons described in                                      |             |          |           |
|               |              | 501(c) of the Code (complete the follow                 |  | <u> </u>  |   |                              |                    |   | X Ye        | s        | No        |
| 11            | (a           | ) Name of organizat                                     | tion                                     | (b) Type o  | f organization                          | 1                            | ļ                  | (c) Description of rela                               | tionship    |          |           |
| #18           |              |   |  |   |   |                              |                    |   |             |          |           |
| Sign          | Und<br>beli  | der penalties of perjury, lef, it is true, correct, and | declare that I have a complete. Declarat | examined this return, in<br>ion of preparer (other th | icluding accomp<br>han taxpayer or<br>I | anying schi<br>fiduciary) is | s based on all inf | ments, and to the best of<br>ormation of which prepar | rer has any | y knowle | d<br>dge. |
| Here          |              | y. songu K  | Jun, TRUSTE                              | ¥   |   |                              |                    | AND + TRUST   | OFFIC       | :ce      |           |
|               |              | Signature of officer of                                 |  |   |   | Date                         | <u></u>            | Title   | T ==        |          |           |
| Paid<br>Prepa | ror          | Print Type prepare                                      | insor                                    | Preparer's signal                                     | Kild                                    | ار                           | 5/3/2              | Check if self-employed                                | PTIN        |          |           |
| Use O         |              | Firm's name ▶ CO  |  | PS WEBER E  | ET AL P                                 | C                            | •                  | Firm's EIN ▶ 37 - 1                                   |             |          |           |
| 038 Q         | ıııy         | Firm's address ▶ 2                                      | 16 SOUTH                                 | CROSS STR   | REET                                    |                              |                    | Phone no. (618)                                       | 544-        | 866      | 1         |

#### 990 SCHEDULE OF LEGAL FEES

Attachment 1: page 1 - 990-PF Page 1, Part I, Line 16a Open to Public Inspection For calendar year 2010, or tax period beginning , and ending Name of Organization **Employer Identification Number** Alpha Upsilon Chap., Delta Kappa Gamma Society Intl Truß7-1331950 Net Investment Adjusted Disbursements for Legal Description Amount Net Income Charity Income Cox, Phillips, Weber et al 360 360 360 360 360 Total: 360 360 360

# 990 SCHEDULE OF OTHER PROFESSIONAL FEES

| Attachment 2: page 1 - 9                                   | 990-PF Page 1,         | Part I, Line   | 16c                   |                   |
|--|------------------------|----------------|-----------------------|-------------------|
| Open to Public Inspection For calendar year 2010, or       | r tay period beginning | and            | anding                |                   |
| Inspection For calendar year 2010, or Name of Organization | r tax period beginning | , and          | ending Employer Ident | tification Number |
| Alpha Upsilon Chap., Del                                   | lta Kappa Gamma        | Society Intl   |                       |                   |
| Category   | Amount                 | Net Investment | Adjusted              | Disbursements for |
| First Financial Bank -                                     |                        | income         | Net Income            | Charity           |
| First Financial Bank - Trustee Fees                        | 774                    | income 774     | Net Income 774        | Charity 774       |
|  |                        |                |                       |                   |
| Tol  | tal: 774               | 774            | 774                   | 774               |

# 990 SCHEDULE OF TAXES PAID

| Attachment           | 3: page 1           | - 990-         | PF P         | age 1, | Part I,    | Line                                  | 18            |                    |
|----------------------|---------------------|----------------|--------------|--------|------------|---------------------------------------|---------------|--------------------|
| Open to Public       |                     |                |              |        |            |                                       |               |                    |
| Inspection           | For calendar year 2 | 010, or tax pe | eriod begin  | nıng   |            | , and                                 | ending        | •                  |
| Name of Organization |                     | •              |              |        | -          | · · · · · · · · · · · · · · · · · · · |               | ntification Number |
|                      |                     | Delta          | Kanna        | Gamma  | Society    | Tnt1                                  | Tru37-13319   |                    |
| Alpha opsi           |                     | DCICA          |              |        | Net Invest |                                       | Adjusted      | Disbursements for  |
|                      | Category            |                | A            | mount  |            |                                       |               |                    |
| Ghaha Massa          |                     |                | <del> </del> |        | incom      |                                       |               |                    |
| State Taxe           | es and Fees         |                |              | 15     | Incom      | 9<br>15                               | Net Income 15 | 15                 |
|                      |                     | Total:         |              | 15     |            | 15                                    | 15            | 15                 |

#### 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

Attachment 4: page 1 - 990-PF Page 2, Part II, Line 10b Open to Public Inspection For calendar year 2010, or tax period beginning , and ending Name of Organization **Employer Identification Number** Alpha Upsilon Chap., Delta Kappa Gamma Society Intl Tru37-1331950 FMV at Cost **Book Value** Fair Market Value **Description of Property** Year End Fed 39 Max Cap X 1,038 1,850 Fed 151 Mid Cap Inst Х 3,118 3,998 Am 405 Grw Fd Cl F Х 7,113 8,784 Fed 856 Prime Val II X 1,326 1,326 Total: 13,407 15,146

JVA

# 990 SCHEDULE OF INVESTMENTS - CORPORATE BONDS

| Attachment 5: page 1 - 990-PF Page 2, F                                   | art II,    | Line               | 10c        |                   |
|---|------------|--------------------|------------|-------------------|
| Open to Public Inspection For calendar year 2010, or tax period beginning |            | , and en           | dina       |                   |
| Name of Organization  | ,-         | , and em           |            | fication Number   |
| Alpha Upsilon Chap., Delta Kappa Gamma                                    | Society    |                    |            |                   |
| Description of Property   | Cost       | FMV at<br>Year End | Book Value | Fair Market Value |
| FHLB 4.00   |            | X                  | 15,000     | 15,055            |
| McGraw 5.375  |            | Х                  | 25,000     | 26,541            |
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|   |            |                    |            |                   |
|   | 1 <u>.</u> | Total:             | 40,000     | 41,596            |

#### 990 SCHEDULE OF OTHER DECREASES

| 990 SCHEDULE OF OTHER DECREASES   |                               |
|---|-------------------------------|
| Attachment 6: page 1 - 990- PF Page 2, Part III, Line 5 Open to Public  |                               |
| Inspection For calendar year 2010, or tax period beginning , and ending |                               |
| Name of Organization E  | mployer Identification Number |
| Alpha Upsilon Chap., Delta Kappa Gamma Society Intl Tru3                | 7-1331950                     |
| Description of Decrease   | Total Amount                  |
| 2009 Form 990-PF - Tax Due  | 18                            |
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| To  | tal: 18                       |

# 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| <u>Att</u> | achment 7: p              | age 1 - 990-PF Pag  | e 3, Part IV              | , line 1                 |                         |                   |
|------------|---------------------------|---|---------------------------|--------------------------|-------------------------|-------------------|
|            | to Public                 |   |                           |                          |                         |                   |
| Inspe      |                           | dar year 2010 or tax period beginnin  | <u> </u>                  | , and endin              | <del></del>             |                   |
|            | of Organization           | han Dalka Kanna   | G Gi                      | T M-                     | Employer Identification |                   |
| Alb        |                           | hap., Delta Kappa cribe the Kind(s) of Property Sold (e.  | gamma Societ              | A TUCT II                | (c) Date Acquired       | (d) Date Sold     |
|            |                           | Warehouse, or Common Stock, 200   |                           | P Purchase<br>D Donation | (mo., day, yr)          | (mo , day, yr.)   |
| 1          | Fed Farm Cre              |   | SIIS. WILO OO )           | P Donation               | 02-12-2010              |                   |
|            |                           |   |                           |                          |                         |                   |
|            | (e) Gross Sales Price     | (f) Depreciation Allowed  | (g) Cost or Oth           |                          | (h) Gain o              |                   |
| 1          | 15,00                     | (or allowable)  | Plus Expens               | 14,989                   | (e) Plus (f)            | 11                |
|            |                           |   |                           |                          |                         |                   |
|            |                           | ts showing gain in column (h) and over the showing gain (h) and over the showing gain (h) and over the showing gain (h) and over the showing gain (h) and over the showing gain (h) and over the showing gain |                           |                          | (I) Gains (Col. (I      |                   |
|            | (I) F.M.V. as of 12/31/69 | as of 12/31/69  | (k) Excess if Over Col. ( |                          | Losses (fro             | Less Than -0-) or |
| 1          |                           |   |                           |                          |                         | 11                |

# 990 BOOKS ARE IN CARE OF

| Attachment 8 - 990-PF Page 5, Part VII-A, Line             | 14                                     |
|--|--|
| Open to Public   | -                                      |
| Inspection For calendar year 2010, or tax period beginning | , and ending                           |
| Name of Organization                                       | Employer Identification Number         |
| Alpha Upsilon Chap., Delta Kappa Gamma Society             | Intl Tru37-1331950                     |
| Part VII-A - Line 14                                       |  |
|  |  |
| Individual Name  |  |
| Of   |  |
| Business Name  |  |
| First Financial Bank                                       |  |
|  |  |
|  |  |
| Street Address 108 W.                                      | Main Street                            |
|  | ·- · · · · · · · · · · · · · · · · · · |
| U.S. Address   |  |
| U.S. Address   |  |
| 7 COAFA - Dobingon   | - II                                   |
| Zip code 62454 City Robinson                               | State <u>IL</u>                        |
| Or<br>Faces Address  |  |
| Foreign Address  |  |
| City   |  |
| Only   |  |
| Province or State  |  |
|  |  |
| Country  |  |
|  |  |
| Postal code  |  |
|  |  |
| Phone Number   | (615)544-8666                          |
|  | <u> </u>                               |
| Fax Number   |  |
|  |  |

#### 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990-PF Page 6, Part VIII Open to Public Inspection For calendar year 2010, or tax period beginning , and ending Name of Organization Employer Identification Number Alpha Upsilon Chap., Delta Kappa Gamma Society Intl Tru37-1331950 (A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont. to Employee (E) Expense Account Hrs. per Week not paid, enter 0) Ben Plans & Def Comp & Other Allowances Jacquie Cochonour President 0 0 0 Rita Stephens Secretary 0 0 0 . Linda Null Treasurer 0 0 0 Jane Casey Past President 0 0 . Dixie Purcell Scholarship Chair 0 0 0 Sheryl Brandenburg Personal Growth 0 0 . Carolyn Ripley Committee 0 0

# 990 COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

| 75555555555555555555555555555555555555  | l Dama C. Davit II                    | TTT 1 2 2 2 2 2  | 9  |  |  |  |
|---|---------------------------------------|------------------|--|--|--|--|
| Attachment 10: page 1 990-PF Open to Public   | <u>Page 6, Part V</u>                 | III, Line        | <u> </u>                                     | <del></del>                                    |  |  |
| Inspection For calendar year 2010, or tax period  | od beginning                          | , and end        |  | <del></del>                                    |  |  |
| Name of Organization  | ·                                     | T M              | Employer Identifica                          | ation Number                                   |  |  |
| Alpha Upsilon Chap., Delta Kappa Gamma Society Intl T37-1331950  Part VIII   Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees |                                       |                  |  |  |  |  |
| (a) Name and Address of Each Employee Paid More   | (b) Title and Average Hours           | (a) Componentian | (d) Contributions to<br>Empl Benefit Plans & | (e) Expense<br>Account and<br>Other Allowances |  |  |
| Than \$50,000   | Per Week Devoted to Position          | (c) compensation | Deferred Compensation                        | Other Allowances                               |  |  |
| Notice  |                                       |                  |  |  |  |  |
| ,   |                                       | 0                | 0  | 0  |  |  |
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# 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

|            |         |        |              |            |            |        |              |               | - SEKVI     |               |                   |                  |
|------------|---------|--------|--------------|------------|------------|--------|--------------|---------------|-------------|---------------|-------------------|------------------|
|            |         | 11     | : page       | 1 99       | 0-PF       | Pag    | e 6, I       | <u>Part V</u> | III, L      | ine 2         |                   | <del></del>      |
| Open to Pu |         |        |              |            |            |        |              |               |             |               |                   |                  |
| Inspection |         |        | alendar year | 2010, or t | ах репод   | begini | ning         |               | , 8         | and ending    |                   | <u> </u>         |
| Name of Or |         |        |              |            |            |        |              |               |             |               | nployer Identific |                  |
|            |         |        |              |            |            |        |              |               |             |               | -1331950          | )<br>            |
| Part VIII  |         |        |              |            |            |        |              |               | Professiona |               |                   |                  |
|            | e and a | ddress | of each inde | ependent c | contractor | paid n | nore than \$ | 50,000        | (1          | b) Type of se | rvice             | (c) Compensation |
| None       |         |        |              |            |            |        |              |               |             |               |                   |                  |
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# 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

| Attachment           | 12: page         | e 1 - 990-PI             | Page 7,  | Part IX | -A, Line 1   |                           |        |  |
|----------------------|------------------|--------------------------|----------|---------|--------------|---------------------------|--------|--|
| Open to Public       |                  |                          |          |         |              |                           |        |  |
| Inspection           | For calendar yea | ar 2010, or tax period b | eginning |         | , and ending |                           |        |  |
| Name of Organization | n                |                          |          |         | E            | mployer Identification Nu | mber   |  |
| Alpha Upsi           | lon Chap.        | , Delta Kap              | pa Gamma | Society | Intl Tru3    | 7-1331950                 |        |  |
| Chantable Activity   |                  |                          |          |         |              |                           |        |  |
| \$4333 dist          | ributed t        | committee                | for cha  | ritable | scholarshi   | p purposes in             | 1 2010 |  |

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# 990 SUMMARY OF PROGRAM-RELATED INVESTMENTS

|                              | 13: page            | 1 - 990-PF I              | Page 7, Part 1 | [X-B, Line   | 3                              |
|------------------------------|---------------------|---------------------------|----------------|--------------|--------------------------------|
| Open to Public<br>Inspection | For calendar year 2 | 010, or tax period begii  | -              | , and ending |                                |
| Name of Organization         |                     | o to, or tax period begin |                | , and chang  | Employer Identification Number |
| Alpha Upsi                   | lon Chap.,          | Delta Kappa               | a Gamma Societ | y Intl Tru   | 37-1331950                     |
|                              |                     | Other Program-Relate      | ed Investments |              | Amount                         |
| None                         |                     |                           |                |              |                                |
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|                              |                     |                           |                | -            | Total:                         |

# 990 APPLICATION SUBMISSION INFORMATION

|                       |   | Employer Identification Number<br>7-1331950    | Restrictions on Awards      | Recruitment grants-Women grads. from area high schools. Scholarships-2 yr. chapter member           | 10_EOPFGR01L                                  |
|-----------------------|---|--|-----------------------------|---|---|
| and ending            | 3                                       | Submission Deadlines                           | No submission deadlines     |   |   |
| 10, Part XV, Line 2   | , Part XV, Line w year period beginning | Gamma Society Intl Trust                       | Info and Materials Included | No standard form  |   |
| - 1                   |   | Delta Kappa                                    | Phone Number                | 618-544-8666  | 10 TW L0506F                                  |
| Attachment 14: page 1 | Open to Public                          | Name of Organization<br>Alpha Upsilon Chap., 1 | Name                        | Angela Fuller, Trust<br>Officer<br>First Financial Bank<br>108 W. Main Street<br>Robinson, IL 62454 | JVA Copyright Forms (Software Only) - 2010 TW |

# 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| Attachment 15: page 1 990-   | PF Page 11,  | Part X                  | V Line 3     | a                        |          |  |  |  |
|--|--|-------------------------|--------------|--------------------------|----------|--|--|--|
| Open to Pu   | norted bostonia  |                         |              |                          |          |  |  |  |
| Inspection For calendar year 2010, or tax period beginning , and ending  Name of Organization Employer Identification Number |  |                         |              |                          |          |  |  |  |
| Alpha Upsilon Chap., Delta   | Kappa Gamma  | Socie                   | tv Intl'     | Tru37-1331               |          |  |  |  |
| Recipient  | If Recipient is an Individual,<br>Show any Relationship to<br>Any Foundation Manager | Foundation<br>Status of | Purpose      | of Grant or<br>tribution | Amount   |  |  |  |
| Name and Address (home or business)  | or Substantial Contributor   | Recipient               | Contribution |                          |          |  |  |  |
|  | None   | N/A                     | Scholars     | hip                      |          |  |  |  |
| Delta Kappa Gamma Society  |  |                         |              |                          |          |  |  |  |
| Committee for Scholarship  |  |                         |              |                          |          |  |  |  |
|  |  |                         |              |                          | 4,333    |  |  |  |
|  |  |                         |              |                          | 4,555    |  |  |  |
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|  |  |                         |              |                          |          |  |  |  |
|  |  |                         | L            | Total:                   | 4,333    |  |  |  |

# 990 GRANTS AND CONTRIBUTIONS FOR FUTURE PAYMENTS

| o Public nspection For calendar year 2010, or to | ax period beginning                             |                     | , and ending                        |                      |
|--|---|---------------------|-------------------------------------|----------------------|
| me of Organization                               | L _ 17  | <u> </u>            | Employer Id                         | dentification Number |
| lpha Upsilon Chap., Del                          | If Recipient is an Individual,                  | SOC1e<br>Foundation |                                     | 1950                 |
| Recipient  | Show any Relationship to Any Foundation Manager | Status of           | Purpose of Grant or<br>Contribution | Amount               |
| Name and address (home or business)              | or Substantial Contributor                      | Recipient           | Contribution                        |                      |
| one approved at this                             |   |                     |                                     |                      |
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# 990 SCHEDULE OF RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

Attachment 17: page 1 990-PF Page 12, Part XVI-B Open to Public Inspection For calendar year 2010, or tax period beginning and ending Name of Organization **Employer Identification Number** Alpha Upsilon Chap., Delta Kappa Gamma Society Intl Tru37-1331950 Briefly Describe How the Activity Reported In Column (E) of Part VII Specifically Contributed to the Accomplishment of The Line Organization's Exempt Purposes (other than by providing funds for such purposes). Number N/A

# 990 SCHEDULE OF RELATIONSHIPS OF EXEMPT ORGANIZATIONS

| Attachment 18: page 1 - 9   | 990-PF Page 13, Par  | t XVII, Line 2b                  |  |  |  |  |  |  |
|---|----------------------|----------------------------------|--|--|--|--|--|--|
| Open to Public  |                      |                                  |  |  |  |  |  |  |
| Inspection For calendar year 2010, or tax period beginning , and ending . |                      |                                  |  |  |  |  |  |  |
| Name of Organization Employer Identification Number                       |                      |                                  |  |  |  |  |  |  |
| Alpha Upsilon Chap., Delt   |                      |                                  |  |  |  |  |  |  |
| Name of Organization  | Type of Organization | Description of Relationship      |  |  |  |  |  |  |
| Alpha Upsilon Chapter<br>Delta Kappa Gamma                                | Educational          | members make up selection        |  |  |  |  |  |  |
| International Society   |                      | committee and may receive grants |  |  |  |  |  |  |
| incernacional boolety   |                      |                                  |  |  |  |  |  |  |
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