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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545 1150

2013

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C

ALPHA EPSILON PHI (TAU CHAPTER)
CO-EDUCATIONAL FRATERNAL ORGANIZATION
1563 SOLANO AVENUE, #194
BERKELEY, CA 94707

D Employer identification number
94-0276860

E Telephone number
510/528-5166

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 45,567.

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

Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		45,567.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8 Other revenue (describe in Schedule O)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		45,567.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)		
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		
	13 Professional fees and other payments to independent contractors		1,600.
	14 Occupancy, rent, utilities, and maintenance		
	15 Printing, publications, postage, and shipping		
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O		5,138.
17 Total expenses. Add lines 10 through 16		6,738.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		38,829.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		4,444,774.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O		-4,483,603.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		0.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39 a 0.		
b Gross receipts, included on line 9, for public use of club facilities 39 b 0.		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40 a N/A section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 d 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e		X
41 List the states with which a copy of this return is filed 41 CA		

42 a The organization's books are in care of **ANN E. BETTELHEIM** Telephone no. **510/528-5166**
 Located at **30 RINCON ROAD KENSINGTON CA** ZIP + 4 **94707**

	Yes	No
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
42 c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes' enter the name of the foreign country: _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

49 b		
------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: [Signature] Date: 11/17/14
 Type or print name and title: Ann Betteheim Business manager Director

Paid Preparer Use Only
 Print/Type preparer's name: JACK W GIN Preparer's signature: [Signature] Date: 11-17-14
 Firm's name: JACK W GIN CPA Check if self-employed PTIN: P00159694
 Firm's address: 311 OAK ST., SUITE 111 OAKLAND, CA 94607 Firm's EIN: 46-4220874 Phone no: (510) 303-5075

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

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: **ALPHA EPSILON PHI (TAU CHAPTER)
CO-EDUCATIONAL FRATERNAL ORGANIZATION**
Employer identification number: **94-0276860**

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	8/01/12	4,483,603	CASH	46-2041014	ELIZABETH BETTELHEIM FAMILY FD 1563 SOLANO AVENUE, PMB194 BERKELEY, CA 94707	501 (C) (3)

2	Did or will any officer, director, trustee, or key employee of the organization	Yes	No
a	Become a director or trustee of a successor or transferee organization?		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2a	X
c	Become a direct or indirect owner of a successor or transferee organization?	2b	X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2c	X
e	If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III ▶	2d	X

Part I. Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- 4b If 'Yes,' did the organization provide such notice?
- 5 Did the organization discharge or pay all liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- 6b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?...

c If 'Yes,' to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No,' explain in Part III.

Part II. Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2 Did or will any officer, director, trustee, or key employee of the organization.
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		
2b		
2c		
2d		

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E - NAME AND EXPLANATION FOR INVOLVEMENT IN SUCCESSOR

ANN BETTELHEIM, DIRECTOR FOR TRANSFEREE ORGANIZATION, NO BENEFITS RECEIVED.

ANN MICHELLE ONGERTH, DIRECTOR FOR TRANSFEROR & TRANSFEREE ORGANIZATIONS, NO BENEFITS RECEIVED.

SHARON ONGERTH ROSSL, DIRECTOR FOR TRANSFEROR & TRANSFEREE ORGANIZATIONS, NO BENEFITS RECEIVED.

CARLA STONE CONDON, DIRECTOR FOR TRANSFEROR & TRANSFEREE ORGANIZATIONS, NO BENEFITS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

ALPHA EPSILON PHI (TAU CHAPTER)
CO-EDUCATIONAL FRATERNAL ORGANIZATION

Employer identification number

94-0276860

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE ROOM AND BOARD AND SOCIAL ACTIVITES FOR MEMBERS

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ALPHA EPSILON PHI (TAU CHAPTER) IS A COLLEGE FRATERNAL ORGANIZATION THAT OPERATES

A CHAPTER HOUSE FOR IT'S MEMBERS. TO ACCOMPLISH IT'S EXEMPT FUNCTION, IT PROVIDES

HOUSING, MAID SERVICE, MEALS AND SOCIAL ACTIVITIES TO IT'S MEMBERS TO FACILITATE

AN ENVIRONMENT CONDUCIVE TO ACADEMIC AND SOCIAL DEVELOPMENT. ALPHA EPSILON PHI IS

ABLE TO HOUSE IN EXCESS OF 80 STUDENT-MEMBERS DURING THE REGULAR SCHOOL YEAR.

ALPHA EPSILON PHI (TAU CHAPTER)
CO-EDUCATIONAL FRATERNAL ORGANIZATION

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

BANK FEES	\$	84.
INSURANCE		2,875.
OFFICE ADMIN EXPENSES		2,149.
UTILITY		30.
	TOTAL \$	<u>5,138.</u>

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DISTRIBUTION TO SUCCESSOR CHARITY	\$ -4,483,603.
	TOTAL \$ <u>-4,483,603.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 2,958.	\$ 0.
NOTES AND LOANS RECEIVABLE	4,400,000.	0.
	TOTAL \$ <u>4,402,958.</u>	\$ <u>0.</u>



DISS NP

D1183860

State of California Secretary of State

2656601

Domestic Nonprofit Corporation Certificate of Dissolution

FILED MHE/LKC Secretary of State State of California MAY 07 2013

There is no fee for filing a Certificate of Dissolution. Important - Read instructions before completing this form

This Space For Filing Use Only 1 CC

1. Corporate Name - Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State

ALPHA EPSILON PHI, (TAU CHAPTER), CO-EDUCATIONAL FRATERNAL ORGANIZATION

2. Required Statements - The following statements are required by statute and should not be altered

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board. The corporation has been completely wound up and is dissolved.

3. Debts and Liabilities - Check the applicable statement. Note: Only one box may be checked

- Checked: The corporation's known debts and liabilities have been actually paid.
The corporation's known debts and liabilities have been paid as far as its assets permitted.
The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is
The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted.
(Specify in an attachment to this certificate (incorporated herein by this reference) the provision made and the address of the corporation, person or governmental agency that has assumed or guaranteed the payment, or the name and address of the depository with which deposit has been made or other information necessary to enable creditors or others to whom payment is to be made to appear and claim payment.)
The corporation never incurred any known debts or liabilities

4. Assets - Mutual Benefit or Consumer Cooperative Corporations ONLY: Check the applicable statement. Note: Only one box may be checked If the corporation is a public benefit or religious corporation, leave Item 4 blank and attach to this Certificate of Dissolution a letter from the California Attorney General's office waiving objections to the distribution of the corporation's assets pursuant to California Corporations Code section 6716(c) or confirming the corporation has no assets (see instructions).

- Checked: The known assets have been distributed to the persons entitled thereto.
The corporation never acquired any known assets.

5. Election - Check the "YES" or "NO" box as applicable. Note: If the "NO" box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to California Corporations Code section 1901, 6611, 8611, 9660 or 12531 must be filed prior to or together with this Certificate of Dissolution.

The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation. YES NO

6. Verification and Execution - If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.

The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

05/06/13 Date

Signature of Director

Signature of Director

Signature of Director

See attached signature page

Type or Print Name of Director

Type or Print Name of Director

Type or Print Name of Director

ATTACHMENT TO CERTIFICATE OF DISSOLUTION
ALPHA EPSILON PHI, (TAU CHAPTER), CO-EDUCATIONAL FRATERNAL
ORGANIZATION

The undersigned constitute a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

1. *Yvonne Chan* Date: 4/25/13, 2013
Yvonne Chan
2. *Carla Condon* Date: 4/26/13, 2013
Carla Condon
3. *Mildred Goodman* Date: Apr 18th, 2013
Mildred Goodman
4. *Louise Heidner* Date: Apr. 18th, 2013
Louise Heidner
5. *Margaret Hunt* Date: 4-19-, 2013
Margaret Hunt

[Faint text and circular stamp]



I hereby certify that the foregoing
transcript of 2 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

MAY 17 2013

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State