

DELINQUENT RETURN SECURED BY TE/GE

EXTENDED TO MAY 15, 2017

Short Form

1606

Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Form 990-EZ header section including: A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016; B Check if applicable; C Name of organization MASSACHUSETTS BETA-UPSILON ALUMNI ASSOCI; D Employer identification number 22-2534422; E Telephone number 917-587-1538; F Group Exemption Number; G Accounting Method: X Cash; H Check X if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status (check only one) 501(c)(3) X 501(c)(7); K Form of organization: X Corporation; 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. Total: \$ 11,214.

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 X

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 11,214. Expenses total: 6,711. Net Assets total: 245,588. Includes handwritten notes like 'SEE SCHEDULE O' and 'RECEIVED' stamps.

SCANNED MAY 24 2018

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

Form 990-EZ (2015)

TC599-CC 096

FAST M/S 1114 IRS Ogden, UT

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**Part II** Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	236,271.22	230,780.
23 Land and buildings		
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	4,814.24	14,808.
25 Total assets	241,085.25	245,588.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	241,085.27	245,588.

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III  Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **SEE SCHEDULE O**

(Grants \$ ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  28a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALEX CARR PRESIDENT	0.00	0.	0.	0.
OTIS O WRAGG VICE PRESIDENT	0.00	0.	0.	0.
ERIK J PIGMANS TREASURER	0.00	0.	0.	0.
MICHAEL PECKMAN SECRETARY/CLERK	0.00	0.	0.	0.
ERIC MAXWELL DIRECTOR	0.00	0.	0.	0.
LANCE LOHNES DIRECTOR	0.00	0.	0.	0.
BILL STONESTREET DIRECTOR	0.00	0.	0.	0.
SCOTT MCCUTCHEN DIRECTOR	0.00	0.	0.	0.
WILLIAM N BATTY JR DIRECTOR	0.00	0.	0.	0.
KEVIN NEUMAN DIRECTOR	0.00	0.	0.	0.
ROBERT WAHLER DIRECTOR	0.00	0.	0.	0.

**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 Sch. 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
35a	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0.
b	Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	N/A
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed <u>MA</u>		
42a	The organization's books are in care of <u>ERIC J. PIGMANS</u> Telephone no. <u>917-587-1538</u> Located at <u>3650 S BROADWAY, APT A429, ENGLEWOOD, CO</u> ZIP + 4 <u>80113</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	

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 Sch. 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?

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

49b		
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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
N/A				

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." N/A

(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 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

Date

ERIK J. PIGMANS, TREASURER

Type or print name and title

3/19/18

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check  if self-employed

PTIN

WILLIAM J HALL, CPA

P00302873

Firm's name ▶ R.A. HALL & CO., LLC

Firm's EIN ▶ 04-2578039

Firm's address ▶ 183 STATE STREET  
BOSTON, MA 02109

Phone no. 617-723-3333

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

Yes  No

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Open to Public  
Inspection

Name of the organization

MASSACHUSETTS BETA-UPSILON ALUMNI ASSOCI

Employer identification number

22-2534422

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2.
DIVIDEND INCOME	9,867.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	9,869.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	220.
INVESTMENT FEES	1,424.
ALUMNI SOCIAL EVENTS	5,067.
TOTAL TO FORM 990-EZ, LINE 16	6,711.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNREALIZED LOSS ON INVESTMENT	4,814.	14,808.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE OBJECTIVE OF THE  
ASSOCIATION IS TO PROMOTE FRATERNITY AMONG UNDERGRADUATE AND ALUMNI OF  
SIGMA ALPHA EPSILON FRATERNITY AT BOSTON UNIVERSITY THRU FUNCTIONS AND  
ACTIVITIES AND ASSISTING IN EDUCATIONAL PURPOSES IN SCHOLARSHIP BY  
SOCIAL FUNCTION.

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

THE OBJECTIVE OF THE ASSOCIATION IS TO PROMOTE FRATERNITY  
AMONG UNDERGRADUATE AND ALUMNI OF SIGMA ALPHA EPSILON

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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Name of the organization

**MASSACHUSETTS BETA-UPSILON ALUMNI ASSOCI**

Employer identification number

**22-2534422**

FRATERNITY AT BOSTON UNIVERSITY THRU FUNCTIONS AND

ACTIVITIES AND ASSISTING IN EDUCATIONAL PURPOSES IN SCHOLARSHIP BY

SOCIAL FUNCTION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.