

ENVELOPE DEC 02 2009
POSTMARK DATE

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30 , 2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sigma Alpha Epsilon Fraternity Number and street (or P O box, if mail is not delivered to street address) Room/suite 38 N College Street City or town, state or country, and ZIP + 4 Hanover NH 03755
D Employer identification number 23-7145725	E Telephone number (650) 743-1282
F Group Exemption Number 0228	
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) 4947(a)(1) or 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 192,454.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received	1 40.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 180,772.
4 Investment income	4 11.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► PAYMENTS FROM AFFILIATES)	8 11,631.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 192,454.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 1,400.
14 Occupancy, rent, utilities, and maintenance	14 79,573.
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► See Other Expenses Statement)	16 100,480.
17 Total expenses (add lines 10 through 16)	17 181,453.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11,001.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 3,334.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 14,335.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,334.	14,335.
23 Land and buildings	0.	0.
24 Other assets (describe ►)	0.	0.
25 Total assets	3,334.	14,335.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,334.	14,335.

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **DOMESTIC FRATERNAL SOCIETY**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	College fraternity -- maintains facility and organizes activities for the benefit of its members.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CLARK GRIFFITHS 38 N. COLLEGE STREET HANOVER NH 03755	TRUSTEE 5.00	0.	0.	0.
MICHAEL MOLDAVER 38 N. COLLEGE STREET HANOVER NH 03755	TRUSTEE 5.00	0.	0.	0.
REX MOREY 38 N. COLLEGE STREET HANOVER NH 03755	TRUSTEE 5.00	0.	0.	0.
JAMES WATSON 38 N. COLLEGE STREET HANOVER NH 03755	PRESIDENT 09FY 15.00	0.	0.	0.
C. CLARK WARTHEN 38 N. COLLEGE STREET HANOVER NH 03755	VICE PRES 09FY 5.00	0.	0.	0.
PHIL AUBART 38 N. COLLEGE STREET HANOVER NH 03755	HOUSE MGR 09FY 10.00	0.	0.	0.
DIEGO MONCADA 38 N. COLLEGE STREET HANOVER NH 03755	TREASURER 09FY 15.00	0.	0.	0.
C. CLARK WARTHEN 38 N. COLLEGE STREET HANOVER NH 03755	PRESIDENT 08X 15.00	0.	0.	0.
JAMES KORDAHL 38 N. COLLEGE STREET HANOVER NH 03755	VICE PRES. 08X 5.00	0.	0.	0.
PHILIP AUBART 38 N. COLLEGE STREET HANOVER NH 03755	HOUSE MGR 08X 10.00	0.	0.	0.
NICHOLAS DYKSTRA 38 N. COLLEGE STREET HANOVER NH 03755	TREASURER 08X 15.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ DIEGO MONCADA Telephone no. ▶ (650) 743-1282
 Located at ▶ 38 N COLLEGE STREET; HANOVER NH ZIP + 4 ▶ 03755

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 ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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 ▶ _____

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 ▶ ☐ **43**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

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Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

CLUB ACTIVITIES	63,564.
DUES	20,541.
SUPPLIES	11,832.
CHARITABLE DONATIONS	232.
ACADEMIC AWARD	1,206.
MISC.	183.
PAYMENTS TO AFFILIATES	2,922.
Total	<u>100,480.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANTHONY GUZMAN 38 N. COLLEGE STREET HANOVER NH 03755 Foreign city _____ Foreign country _____	Title PRESIDENT 08FY Hours/Week 15.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MATTHEW AILEY 38 N. COLLEGE STREET HANOVER NH 03755 Foreign city _____ Foreign country _____	Title VICE PRES. 08FY Hours/Week 5.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TOM HUZARSKY 38 N. COLLEGE STREET HANOVER NH 03755 Foreign city _____ Foreign country _____	Title HOUSE MGR. 08FY Hours/Week 10.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GREG BOGUSLAVSKY 38 N. COLLEGE STREET HANOVER NH 03755 Foreign city _____ Foreign country _____	Title TREASURER 08FY Hours/Week 15.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHARLES BUKER 38 N. COLLEGE STREET HANOVER NH 03755 Foreign city _____ Foreign country _____	Title PRESIDENT 09X Hours/Week 15.00	0.	0.	0.

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Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>J. DANIEL KIM</u> <u>38 N. COLLEGE STREET</u> <u>HANOVER</u> <u>NH</u> <u>03755</u> Foreign city _____ Foreign country _____	Title <u>VICE PRES 09X</u> Hours/Week <u>10.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JOHN ROLAND</u> <u>38 N. COLLEGE STREET</u> <u>HANOVER</u> <u>NH</u> <u>03755</u> Foreign city _____ Foreign country _____	Title <u>HOUSE MGR 09X</u> Hours/Week <u>10.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>BRANDON FLOCH</u> <u>38 N. COLLEGE STREET</u> <u>HANOVER</u> <u>NH</u> <u>03755</u> Foreign city _____ Foreign country _____	Title <u>TREASURER 09X</u> Hours/Week <u>15.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>