



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



STATUTE CLEARED: FEB 22 2010

SCANNED MAR 12 2010

PD

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2004**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2004 calendar year, or tax year beginning 11/1/2004 and ending 10/31/2005

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**ALPHA SIGMA LAMBDA**  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
**2209 BLAIR HALL, EASTERN ILLINOIS UNIVERSITY**  
City or town State or country ZIP + 4  
**CHARLESTON IL 61920**

**D** Employer identification number  
**23-7097804**

**E** Telephone number  
**217-581-7106**

**F** Accounting method. ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

**H and I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included? ☐ Yes ☒ No  
(If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number \_\_\_\_\_

**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **154,098**

**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	
1	Contributions, gifts, grants, and similar amounts received
a	Direct public support
b	Indirect public support
c	Government contributions (grants)
d	Total (add lines 1a through 1c) (cash \$ _____) (non-cash \$ _____)
2	Program service revenue including government fees and contracts (from Part VII, line 93)
3	Membership dues and assessments
4	Interest on savings and temporary cash investments
5	Dividends and interest from securities
6a	Gross rents
b	Less: rental expenses
c	Net rental income or (loss) (subtract line 6b from line 6a)
7	Other investment income (describe _____)
8a	Gross amount from sales of assets other than inventory
b	Less: cost or other basis and sales expenses
c	Gain or (loss) (attach schedule)
d	Net gain or (loss) (combine line 8c, columns (A) and (B))
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)
b	Less: direct expenses other than fundraising expenses
c	Net income or (loss) from special events (subtract line 9b from line 9a)
10a	Gross sales of inventory, less returns and allowances
b	Less: cost of goods sold
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)
11	Other revenue (from Part VII, line 103)
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)
Expenses	
13	Program services (from line 44, column (B))
14	Management and general (from line 44, column (C))
15	Fundraising (from line 44, column (D))
16	Payments to affiliates (attach schedule)
17	Total expenses (add lines 13 and 14, column (A))
Net Assets	
18	Excess or (deficit) for the year (subtract line 17 from line 12)
19	Net assets or fund balances at beginning of year (from line 73, column (A))
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <u>12,053</u> noncash \$ <u>0</u> )	<b>22</b> 12,053	12,053		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0			
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b> 3,749	3,749		
<b>26</b>	Other salaries and wages	<b>26</b> 20,712		20,712	
<b>27</b>	Pension plan contributions	<b>27</b> 0			
<b>28</b>	Other employee benefits	<b>28</b> 0			
<b>29</b>	Payroll taxes	<b>29</b> 0			
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 0			
<b>32</b>	Legal fees	<b>32</b> 1,737		1,737	
<b>33</b>	Supplies	<b>33</b> 8,098	8,098		
<b>34</b>	Telephone	<b>34</b> 0			
<b>35</b>	Postage and shipping	<b>35</b> 2,033	2,033		
<b>36</b>	Occupancy	<b>36</b> 250		250	
<b>37</b>	Equipment rental and maintenance	<b>37</b> 200		200	
<b>38</b>	Printing and publications	<b>38</b> 1,505		1,505	
<b>39</b>	Travel	<b>39</b> 13,826		13,826	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 111		111	
<b>41</b>	Interest	<b>41</b> 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0			
<b>43</b>	Other expenses not covered above (itemize): <b>a</b> Bank Fees	<b>43a</b> 698		698	
	<b>b</b> Membership Development	<b>43b</b> 8,800	8,800		
	<b>c</b> Miscellaneous	<b>43c</b> 1,168		1,168	
	<b>d</b> Office expense	<b>43d</b> 14,621	3,655	10,966	
	<b>e</b> Write-off of damaged materials	<b>43e</b> 3,372	3,372		
	<b>f</b>	<b>43f</b> 0			
<b>44</b>	Total functional expenses (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13—15</b>	<b>44</b> 92,933	41,760	51,173	0

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? **Advancement of scholarship in adult students**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

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

<b>a</b>	Support member chapters by providing recognition materials and educational opportunities		
	(Grants and allocations \$ _____)		32,707
<b>b</b>	Provide funds to ASL Foundation for scholarships to students		
	(Grants and allocations \$ <u>12,053</u> )		12,053
<b>c</b>	Host annual meeting to provide educational and networking opportunities		
	(Grants and allocations \$ _____)		
<b>d</b>			
	(Grants and allocations \$ _____)		
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ _____)	
<b>f</b>	Total of Program Service Expenses (should equal line 44, column (B), Program services)		44,760

**Part IV Balance Sheets** (See page 25 of the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	37,878	<b>46</b>	33,255
	<b>47 a</b> Accounts receivable	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 0	<b>47c</b> 0	0
	<b>48 a</b> Pledges receivable	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0	<b>48c</b> 0	0
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 0	<b>51c</b> 0	0
	<b>52</b> Inventories for sale or use	26,761	<b>52</b>	26,475
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,453	<b>54</b>	1,659
	<b>55 a</b> Investments—land, buildings, and equipment basis	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	<b>55c</b> 0	0
<b>56</b> Investments—other (attach schedule)	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 0			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 0	<b>57c</b> 0	0	
<b>58</b> Other assets (describe )	0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	66,092	<b>59</b>	61,389	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	6,150	<b>62</b>	10,150
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)	6,150	<b>66</b>	10,150	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	59,942	<b>67</b>	51,239
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	59,942	<b>73</b>	51,239
<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	66,092	<b>74</b>	61,389	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions ) **NOT APPLICABLE**
**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>		<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 12, Form 990	<b>b</b>		<b>b</b>	Amounts included on line a but not on line 17, Form 990	<b>b</b>	
(1)	Net unrealized gains on investments			(1)	Donated services and use of facilities		
	\$				\$		
(2)	Donated services and use of facilities			(2)	Prior year adjustments reported on line 20, Form 990		
	\$				\$		
(3)	Recoveries of prior year grants			(3)	Losses reported on line 20, Form 990		
	\$				\$		
(4)	Other (specify)			(4)	Other (specify):		
	\$				\$		
					\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0		Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	0	<b>c</b>	Line a minus line b	<b>c</b>	0
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	<b>d</b>		<b>d</b>	Amounts included on line 17, Form 990 but not on line a:	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990			(1)	Investment expenses not included on line 6b, Form 990		
	\$				\$		
(2)	Other (specify)			(2)	Other (specify)		
	\$				\$		
					\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0		Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	0	<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	0

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name L. Kay Woodward Str 2402 Stoner Dr City Charleston ST IL ZIP 61920	Title Executive Director Hr/WK and Director	0	0	0
Name Pamela Collins Str 16 Ridgfield Lane City Charleston ST IL ZIP 61920	Title Director of Conf Hr/WK and Director	0	0	0
Name Raymond Campbe Str 253 E Hathaway Ln City Havertown ST PA ZIP 19083	Title President Hr/WK	0	0	0
Name Lynn Penland Str 10300 Hyde Park City Evansville ST IN ZIP 47711	Title Vice President Hr/WK	0	0	0
Name Judith Parr Str 140 Biery's Bridge R City Bethlehem ST PA ZIP 18017	Title Secretary Hr/WK	0	0	0
Name George Rogers Str 147 Mill Run Dr City Indiana ST PA ZIP 15701	Title Past President Hr/WK	0	0	0
Name Shirley Melton Str 805 - 19th St City Charleston ST IL ZIP 61920	Title Office Manager Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☐ No  
If "Yes," attach schedule—see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions )

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b> N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b> X	
<b>b</b> If "Yes," enter the name of the organization <b>ASL Foundation</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b> NONE		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III ) <b>82b</b> N/A		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b> X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b> X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b> N/A	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> 0		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <b>85h</b>		
<b>86 501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
<b>87 501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders <b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them ) <b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a 501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <b>NONE</b> ; section 4912 <b>NONE</b> ; section 4955 <b>NONE</b>		
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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," attach a statement explaining each transaction <b>89b</b>		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>NONE</b>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>NONE</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions ) <b>90b</b> 0		
<b>91</b> The books are in care of <b>Name L. Kay Woodward</b> Telephone no <b>(217) 581-7106</b> Located at <b>2209 Blair Hall, EIU</b> City <b>Charleston</b> ST <b>IL</b> ZIP + 4 <b>61920</b>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—</b> Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					34,280
95 Interest on savings and temporary cash investments			14	405	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					49,185
103 Other revenue a Miscellaneous					360
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		405	83,825
105 Total (add line 104, columns (B), (D), and (E))					84,230

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Members are chapters at affiliated universities to whom educational and support materials are provided
102&103	Sale of educational and support materials to member chapters to support adult students

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

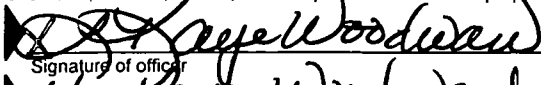
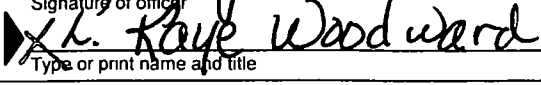
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>2/4/2010</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature Date <u>1/30/2007</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00157826</u>	
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GARY HAWKER &amp; ASSOCIATES</u> <u>512 SIXTH STREET, CHARLESTON, IL 61920</u>		EIN <u>37-1113420</u> Phone no <u>217-345-2721</u>		

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2004**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

ALPHA SIGMA LAMBDA

Employer identification number

23-7097804

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one. If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str NONE City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/> Str NONE City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		



**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) Grants made to ASL Foundation which determines recipients	X	
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	100	684	268		1,052
16 Membership fees received	28,540	28,880	30,960	27,010	115,390
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	114,861	116,431	100,125	93,590	425,007
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	290	185	347	489	1,311
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	543		4,213		4,756
23 Total of lines 15 through 22	144,334	146,180	135,913	121,089	547,516
24 Line 23 minus line 17	29,473	29,749	35,788	27,499	122,509
25 Enter 1% of line 23	1,443	1,462	1,359	1,211	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 0
d Add: Amounts from column (e) for lines 18 0 19 0					26d 0
22 0 26b 0					26e 0
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.	(2003) 0	(2002) 0	(2001) 0	(2000) 0	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2003) 0	(2002) 0	(2001) 0	(2000) 0	
c Add: Amounts from column (e) for lines 15 1,052 16 115,390					27c 541,449
17 425,007 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 541,449
e Public support (line 27c total minus line 27d total)					27f 547,516
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g 98.89%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.24%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions )

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add lines 36 and 37)		38	0	0
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add lines 38 and 39)		40	0	0
41	Lobbying nontaxable amount Enter the amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	0	0
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)		42	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44	0	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Line 54 (990) - Investments - Securities**

Check one box below to indicate how securities are report:

☒ Cost☐ End of year market value (FMV)

Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value Cost	Ending balance book value Cost
1	Washington Mutual Investors Fund	244		1,453	1,659
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0
21	Totals	244	0	1,453	1,659

orig to PMA

Form **2848**

(Rev June 2008)

Department of the Treasury  
Internal Revenue Service

**Power of Attorney  
and Declaration of Representative**

► Type or print. ► See the separate instructions.

CMB No 1545 0150

**For IRS Use Only**

Received by

Name

Telephone

Function

Date

**Part I Power of Attorney**

**Caution** Form 2848 will not be honored for any purpose other than representation before the IRS

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address

ALPHA SIGMA LAMBDA

600 LINCOLN AVE. CHARLESTON, IL. 61920

Social security number(s)

Employer identification number

23-7097804

Plan number (if applicable)

Daytime telephone number

(217) 581-7106

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

**2 Representative(s)** must sign and date this form on page 2, Part II

Name and address

Steven K. Kelly

506 W Lincoln Ave Suite 100

Charleston, IL 61920

CAF No 0302-25257R

Telephone No (217) 348-8812

Fax No (217) 348-8612

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No

Telephone No

Fax No

Check if new Address ☐ Telephone No ☐ Fax No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
INCOME / NOT FOR PROFIT	990	2003 2004 2005 2006 2007 2008

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for **Line 4. Specific Uses Not Recorded on CAF** ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** in the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here and list the name of that representative below

Name of representative to receive  
refund check(s)

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

**a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

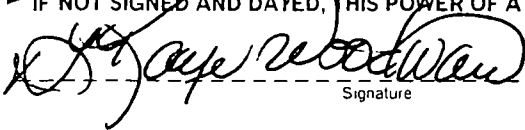
**b** If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

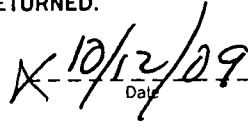
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**



Signature



Date

**NATIONAL ECEC DIRECTOR**  
Title (if applicable)

**DR. KAYE WOODWARD**

Print Name

Pin Number

**ALPHA SIGMA LAMBDA**

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

Pin Number

## Part II Declaration of Representative

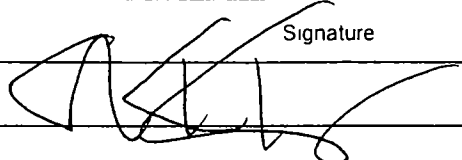
**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c** Enrolled Agent — enrolled as an agent under the requirements of Circular 230
  - d** Officer — a bona fide officer of the taxpayer's organization
  - e** Full-Time Employee — a full-time employee of the taxpayer
  - f** Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
  - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
  - h** Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions
  - k** Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
  - l** Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230
  - r** Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

See the Part II instructions

Designation — Insert above letter (a - r)	Jurisdiction (state) or identification	Signature	Date
<b>h</b>	<b>ILLINOIS</b>		<b>10.12.2009</b>



Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.**Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ALPHA SIGMA LAMBDA	23-7097804
	Number, street, and room or suite no. If a P.O. box, see instructions	
	2209 BLAIR HALL, EASTERN ILLINOIS UNIVERSITY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CHARLESTON, IL 61920	

**Check type of return to be filed** (file a separate application for each return).

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ L. Kay Woodward

Telephone No. ▶ (217) 581-7106 FAX No ▶

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 6/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning 11/1/2004 and ending 10/31/2005

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

(HTA)