



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



## RETROACTIVE REINSTATEMENT

Form 990

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder 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

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

2007  
Open to Public  
Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable	C Name of organization <b>SIGMA ALPHA EPSILON FRATERNITY</b>		D Employer identification number <b>23-7145973</b>
<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	Please use IRS label or print or type. See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) <b>509 LINCOLN STREET</b>		Room/suite
	City or town, state or country, and ZIP + 4 <b>COLUMBIA, SC 29201</b>		E Telephone number <b>803-873-2201</b>
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►
G Website: ► <b>SAEUSC.COM</b>			H and I are not applicable to section 527 organizations
J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (7) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Check here ► <input type="checkbox"/> if the organization is not a 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.			H(b) If "Yes," enter number of affiliates ► <b>N/A</b>
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► <b>127,036.</b>			H(c) Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			I Group Exemption Number ► <b>N/A</b>
			M Check ► <input checked="" type="checkbox"/> 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

1 Contributions, gifts, grants, and similar amounts received:	1a	<b>STATUTE UNIT RECEIVED</b>  <b>OCT 11 2017</b>  <b>TPP BRANCH</b>  <b>OGDEN</b>
a Contributions to donor advised funds	1b	
b Direct public support (not included on line 1a)	1c	
c Indirect public support (not included on line 1a)	1d	
d Government contributions (grants) (not included on line 1a)	1e	0.
e Total (add lines 1a through 1d) (cash \$ <b>127,036.</b> )	2	
2 Program service revenue including government fees and contracts (from Part VII, line 103)	3	
3 Membership dues and assessments	4	
4 Interest on savings and temporary cash investments	5	
5 Dividends and interest from securities	6a	
6 a Gross rents	6b	
b Less: rental expenses	6c	
c Net rental income or (loss). Subtract line 6b from line 6a	7	
7 Other investment income (describe ►)		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b Less: cost or other basis and sales expenses	8a	
c Gain or (loss) (attach schedule)	8b	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d	
a Gross revenue (not including \$ <b>127,036.</b> ) of contributions reported on line 1b)	9a	
b Less: direct expenses other than fundraising expenses	9b	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a Gross sales of inventory, less returns and allowances	10a	
b Less: cost of goods sold	10b	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	<b>127,036.</b>
13 Program services (from line 44, column (B))	13	
14 Management and general (from line 44, column (C))	14	
15 Fundraising (from line 44, column (D))	15	
16 Payments to affiliates (attach schedule)	16	
17 Total expenses. Add lines 16 and 44, column (A)	17	<b>126,404.</b>
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	<b>632.</b>
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>10,822.</b>
20 Other changes in net assets or fund balances (attach explanation)	20	<b>0.</b>
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<b>11,454.</b>

723001  
12-27-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

08340918 748397 82431

2007.08000 SIGMA ALPHA EPSILON FRATERN 82431 108

910

**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.

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
22a	Grants paid from donor advised funds (attach schedule)				
	(cash \$ 0 • noncash \$ 0.)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule)				
	(cash \$ 0 • noncash \$ 0.)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	1,338.			
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	10,364.			
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g SEE STATEMENT 1		114,702.			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	126,404.			

 Joint Costs. Check ►  if you are following SOP 98-2.

 ►  Yes  No

 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

### Part III | Statement of Program Service Accomplishments (See the instructions )

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 2</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
<b>a TO PROVIDE YOUNG MEN THE SCHOLARSHIP, LEADERSHIP, AND SOCIAL EXPERIENCES NECESSARY TO EXCEL AS COLLEGE STUDENTS AND GRADUATES OF THE UNIVERSITY OF SOUTH CAROLINA THROUGH SOCIAL AND PHILANTHROPIC EVENTS, SCHOLARSHIP AWARDS, AND UNDERGRADUATE SUPPORT NETWORKS.</b>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>b</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>c</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>d</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>e</b> Other program services (attach schedule)		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)		

---

**Form 990 (2007)**

## Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash - non-interest-bearing	10,822.	45	11,454.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b	57c	
	58 Other assets, including program-related investments (describe ► )		58	
	59 Total assets (must equal line 74). Add lines 45 through 58	10,822.	59	11,454.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
Net Assets or Fund Balances	66 Total liabilities. Add lines 60 through 65	0.	66	0.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
Net Assets or Fund Balances	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.			
Net Assets or Fund Balances	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	10,822.	72	11,454.
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	10,822.	73	11,454.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,822.	74	11,454.



**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Page 3

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► **4**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

**Part V-B | Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information (See the instructions )**

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization ► <b>N/A</b>		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	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?	82a	X
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.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
c	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.	85c	N/A
d	Dues, assessments, and similar amounts from members	85d	N/A
e	Section 162(e) lobbying and political expenditures	85e	N/A
f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	0.
b	Gross receipts, included on line 12, for public use of club facilities	86b	0.
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	89b	
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89c	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89e	0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90 a	List the states with which a copy of this return is filed ► <b>NONE</b>	90b	0
b	Number of employees employed in the pay period that includes March 12, 2007	90c	
91 a	The books are in care of ► <b>BEN HOOPES</b> Located at ► <b>509 LINCOLN STREET, COLUMBIA, SC</b>	Telephone no. ► 229-343-7594	ZIP + 4 ► 29201
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 ► N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

N/A

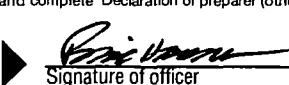
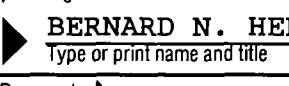
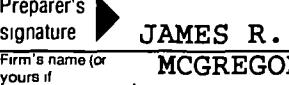
	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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.				
Please Sign Here	 Signature of officer <span style="float: right;">10/4/2017</span>  BERNARD N. HERBKERSMAN, PRESIDENT <span style="float: right;">Date</span> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 09/18/17	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P01235224
	Firm's name (or yours if self-employed), address, and ZIP + 4 	McGREGOR AND COMPANY, LLP POST OFFICE BOX 135 COLUMBIA, SC 29202 	EIN <input type="checkbox"/>	Phone no. <input type="checkbox"/> (803) 787-0003

Form 990 (2007)