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Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009 and ending JUN 30, 2010 JUL A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Address change label or Alpha Sigma Phi Fraternity, Inc. print or Name change type 31-4359813 Doing Business As lnıtıal return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number See Specific Termin-ated 317-843-1911 710 Adams Street Instruc-Amende return 090 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-<u> Carmel, IN 46032</u> H(a) Is this a group return pending _lYes LX No F Name and address of principal officer. Gordy Heminger for affiliates? same as C above H(b) Are all affiliates included? Yes Tax-exempt status

X 501(c) (7)

(insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.alphasigmaphi.org H(c) Group exemption number ▶ Other > K Form of organization: | X | Corporation | Trust L Year of formation: 1845 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities. To better the man through the Activities & Governance creation and perpetuation of brotherhood founded up on the values of Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of employees (Part V, line 2a) 5 337 6 Total number of volunteers (estimate if necessary) 0. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 937,629. 777,055. Contributions and grants (Part VIII, line 1h) <u>427,713</u> 353,624. Program service revenue (Part VIII, line 2g) 4,901. 124. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,489. 10,191. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,301,568. 1,224,158. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and cumilar amounts paid (Part IX, column (A), lines 1-3) 22,365 29,492. Benefits part to or for members (Part IX, column (A), line 4)

Salariee, other compensation, employee benefits (Part IX, column (A), lines 5-10) 426,713. 436,192. 16a Projessional fundraising rees (Part Modelumn (A), line 11e) b Total fundraising expenses (Part IX column (D), line 25) 732,002. rexpenses (Part-IX column (A), lines 11a-11d, 11f-24f) 799,876. 17 Total expenses And mes-13:17 (must equal Part IX, column (A), line 25) 1,248,954. 1,197,686. Revenue less expenses. Subtract line 18 from line 12 -24,796.103,882. Assets or Balances **Beginning of Current Year** End of Year 893,452. 1,044,797. Total assets (Part X, line 16) 20 592,167. 633,056. 21 Total liabilities (Part X, line 26) Net/ 301,285. 411,741. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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, of preparer (other than officer) is based on all information of which preparer has any knowledge Under penalties of per and complete Desara Sign Here Gordy Heminger, CEO Type or print name and title Preparer's identifying number (see ipstructions) Date Check if Preparer's Paid selfsignature employed מטטע Preparer's Firm's name (or Alerding & Company, LLC EIN > yours if Use Only self-employed). 4181 E. 96th Street, Suite 180 Phone no. ► (317) 569-4181 Indianapolis, IN 46240

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

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009)

X Yes

Form 990 (2009)

Alpha Sigma Phi Fraternity, Inc.

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
_	public office? If "Yes," complete Schedule C, Part I	3_ 4		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable .	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	_X_	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			75
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		x
	located outside the United States? If "Yes," complete Schedule F, Part III	16_	 	^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	1	х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-	 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
פו	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			ggn	2000/

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did, the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_ <u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_ <u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			-
	Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	33		- 21
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		
35	If "Yes," complete Schedule R, Part V, line 2	35		х
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		-21
36	If "Yes," complete Schedule R, Part V, line 2	36		
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	5,		
J O	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Note. Air onn 550 meis die reduned to complete ovijeddie o			2000)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0 if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Za	filed for the calendar year ending with or within the year covered by this return 2a 13			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
Ь	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
Ŭ	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	1		
_	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			i
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b	-		
11	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders . 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	1]
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	000	10055
		Form	94(1)	(2009)

Form 990 (2009)

Alpha Sigma Phi Fraternity, Inc.

Bart VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management						
	·	ı	ı	4.0[Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	 	12			
b	Enter the number of voting members that are independent	1b	<u> </u>	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			-	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			}	_3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		<u> </u>	5		<u>X</u>
6	Does the organization have members or stockholders?			-	6		X
7a		ember	s of the				
	governing body?	_		}	7a_		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			-	7b_		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year				
	by the following:			ļ		.,	
a	The governing body?			F	8a	X	
b	Each committee with authority to act on behalf of the governing body?			ļ	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched	at the				37
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0(-)		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Coae.)			Vaa	Na
100	Does the organization have local chapters, branches, or affiliates?			Γ	10a	Yes	No
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates	ŀ	104		
	and branches to ensure their operations are consistent with those of the organization?	опарс	ore, armatoe,		10b	x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ilina th	e form?	ļ	11	X	
11A							
12a				1	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld aıv	e rise	Ī			
_	to conflicts?				12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe				
	ın Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14_	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	1			
	taxable entity during the year?				16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation of the control of	ıluate ı	ts participation	1			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	on's		İ		
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► IN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	T (501)	c)(3)s only) ava	ılable 1	for		
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	t of interest pol	icy, an	d tina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	oras of the org	anızatı	ion 🕨		
	Amy Stankiewicz - 317-843-1911 710 Adams Street, Carmel, IN 46032						
	710 Adams Street, Carmel, IN 46032				Form	990 (2000/
					1 01111		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average					,		(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours	(chec		(check all that apply)				compensation	compensation	amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Rich Ritter								_	_	_	
Grand Sr President	1.00	X		X	<u> </u>			0.	0.	0.	
Jeff Hoffman					1		İ				
Grand Jr President	1.00	X		X				0.	0.	0.	
Richard Buss											
Grand Treasurer	1.00	X		X				0.	0.	0.	
Joseph Zimmerman								_	_	_	
Grand Secretary	1.00	X		X	_	_	_	0.	0.	0.	
John Tilden								_			
Grand Marshal	1.00	X	<u> </u>			<u> </u>	ļ	0.	0.	0.	
Jonathan Burns		İ						_			
Grand Councilor	1.00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
Justin LaRoche		l									
Grand Councilor	1.00	X	_		_	ļ		0.	0.	0.	
Ed Lenane	1	l									
Grand Councilor	1.00	X	_			ļ	ļ	0.	0.	0.	
Dane Leasure	1 00			ŀ							
Grand Councilor	1.00	X	-		L	├—	-	0.	0.	0.	
Bernie Schulz	1 00	٦,						0.	0.		
Grand Councilor	1.00	X	\vdash	-		├		0.	0.	0.	
Brian Thomas	1 1 00							0.	0.	0.	
Grand Councilor Scott Gallagher	1.00	^	\vdash	├	-	+-	┢		0.	.	
Grand Councilor	1.00							0.	0.	0.	
Aaron Dau	1.00	┢	\vdash	\vdash	_	╁	-	0.	0.	0.	
Grand Councilor	1.00	Y				-		0.	0.	0.	
Gordy Heminger	1.00	^				+-	┢	 			
President/CEO	37.50			x				84,856.	0.	5,322.	
riesidenc/ Cho	37.30			-				04,0300		3,322.	
		_	4	4	ч.		Ь.			- 000 (200	

Form **990** (2009)

Form 990 (2009) Alpha Sigma Phi Fraternity, Inc. 31-4359813 Pa								
Pa	rt VI	II Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a		·			
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	590,280.				
ts, am	C	Fundraising events	1c	212 522				
ig i	d	Related organizations	1d	340,500.		'		
ons, sim	е	Government grants (contribution						
utic ler	f	, , , ,	1 1	6 940				
of the	_	similar amounts not included abov		6,849.				
Son	9	Noncash contributions included in lines 1 Total. Add lines 1a-1f	ia-1r \$		937,629.			
<u> </u>		1 Total: Add lines Ta II		Business Code	337,70230			
Program Service Revenue	2 a	Liability Insur	ance Fe	900099	332,115.	332,115.		
		Convention & Ser		900099	20,905.	20,905.		•
		Interest on Loa		900099	604.	604.		
am	d							
ρœ	е							
4	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			353,624.			
	3	Investment income (including of	dividends, intere	_	104			124
		other similar amounts)		•	124.			124.
	4	Income from investment of tax	-exempt bond p	proceeds	3,090.			3,090.
	5	Royalties	(i) Real	(ii) Personal	3,090.			3,030.
	6.	a Gross Rents	(I) neai	(ii) Personai				
	b							
	c	- · · · · · · · · · · · · · · · · · · ·						
		Net rental income or (loss)						
		a Gross amount from sales of	(ı) Securities	(ii) Other				
		assets other than inventory	•					
	b	Less cost or other basis		•				
		and sales expenses						
		Gain or (loss)		<u> </u>				-
	l	d Net gain or (loss)	•				.	
e	8 a	Gross income from fundraising						
Ven		including \$ contributions reported on line						ı.
æ		Part IV, line 18	10). See a					
Other Revenue		Less. direct expenses	b					
ō		Net income or (loss) from fund	•	•				
		a Gross income from gaming act	-				-	
		Part IV, line 19	. a					
		Less: direct expenses	. b					
	ľ	Net income or (loss) from game	-	•				
	10 a	a Gross sales of inventory, less i		1.5 0.50				
]	and allowances	a					
		b Less. cost of goods sold	. b	11,522.	4 540	A E40		
	<u>c</u>	Net income or (loss) from sales		Business Code	4,540.	4,540.		
	11 a	Miscellaneous Revenue a Other Revenue		Business Code 900099	2,561.	2,561.		
	l 11 a				2,301.	2,301.		
							· · · · · · · · · · · · · · · · · · ·	
	ء ا	d All other revenue						
	e	e Total. Add lines 11a-11d		—	2,561.			
	12	Total revenue. See instructions.			1301568.	360,725.	0.	3,214.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	29,492.	29,492.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				_
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified			7. "	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	:			
7	Other salanes and wages	370,111.	302,831.	67,280.	
8	Pension plan contributions (include section 401(k)	<u> </u>	3027031.	07,200	•
-	and section 403(b) employer contributions)	8,910.	7,527.	1,383.	
9	Other employee benefits	26,752.	22,599.	4,153.	
10	Payroll taxes	30,419.	25,697.	4,722.	~~~
11	Fees for services (non-employees):				
а	Management				
b	Legal				1 '
С	Accounting	15,477.		15,477.	
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .	44,303.	3,200.	41,103.	
12	Advertising and promotion	3,688.	3,688.		
13	Office expenses	153,581.	109,822.	43,759.	
14	Information technology				
15	Royalties				
16	Occupancy	27,523.	15,393.	12,130.	
17	Travel	172,791.	172,406.	385.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,590.	2,590.		
20	Interest	18,973.		18,973.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,778.		43,778.	
23	Insurance	192,412.	192,412.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Program Materials	61,262.	61,262.		
b	Bad Debt-Recovery in Ex	-4,376.	-647.	-3,729.	
С					
d					
е					
f	All other expenses				
25_	Total functional expenses Add lines 1 through 24f	1,197,686.	948,272.	249,414.	0.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			_	- 000

Part X .	Balanc	e Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,962.	1	70,690.
	2.	Savings and temporary cash investments	53,491.	2	188,531.
	3	Pledges and grants receivable, net	60,417.	3	43,953.
	4	Accounts receivable, net	150,106.	4	180,886.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ş	7	Notes and loans receivable, net	7,803.	7	62,159.
Assets	8	Inventories for sale or use	12,770.	8	41,475.
ĕ	9	Prepaid expenses and deferred charges	5,157.	9	17,043.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 583,803.			
	b	Less. accumulated depreciation 10b 241,631.	373,566.	10c	342,172.
	11	Investments - publicly traded securities	221,180.	11	342,172. 97,888.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	893,452.	16	1,044,797.
	17	Accounts payable and accrued expenses	107,236.	17	24,605.
	18	Grants payable		18	
	19	Deferred revenue	24,400.	19	125,796.
ĺ	20	Tax-exempt bond liabilities		20	·
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · ·
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iat		highest compensated employees, and disqualified persons Complete Part II			
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	340,179.	23	357,166.
-	24	Unsecured notes and loans payable to unrelated third parties	100 050	24	
	25	Other liabilities Complete Part X of Schedule D	120,352.	25	125,489.
	26	Total liabilities. Add lines 17 through 25	592,167.	26	633,056.
		Organizations that follow SFAS 117, check here X and complete		İ	
Se		lines 27 through 29, and lines 33 and 34.	201 005		444 844
a	27	Unrestricted net assets	301,285.	27	411,741.
Ba	28	Temporarily restricted net assets	· <u>-</u>	28	-
틸	29	Permanently restricted net assets		29	·
Ē		Organizations that do not follow SFAS 117, check here and			
Net Assets or Fund Balances	20	complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	 -
I As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	301,285.	32	A11 17 A1
	33 34	Total liabilities and net assets/fund balances	893,452	33	411,741.
		rotal navinties and tiet assets/junu DalailCes	033,432.	34	1,044,797.

Form **990** (2009)

Form	990 (2009) Alpha Sigma Phi Fraternity, Inc. 31-4359	<u>813</u>	Pag	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	-		
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	Alpha Sigma Phi Fr	raternity, Inc.	31-4359813
Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con-	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	ition (check all that apply)	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06	2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation e	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes the	organization's accounting for
Dai	conservation easements t III Organizations Maintaining Collections	of Art Historical Treasures or Othe	or Similar Assets
ı aı	Complete if the organization answered "Yes" to Forr		n on mar Addata.
	Ostripioto il ano organizzatori anonorozi y obi to i est		
12	If the organization elected, as permitted under SFAS 116, r	not to report in its revenue statement and balan	ice sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	the footnote to its financial statements that describes these	·	
h	If the organization elected, as permitted under SFAS 116, to		sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education,		
	these items.	, p.	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical ti	reasures, or other similar assets for financial da	
_	the following amounts required to be reported under SFAS	_	,,
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		S
	, account and a min and a min a contract of the contract of th		· · · · · · · · · · · · · · · · ·

		<u>igma Phi F</u>						<u>31-43</u>			
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Othe	er Simila	ar Asse	ts (contil	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following tha	it are a si	gnificant	use of its	collection	items	S
	(check all that apply).										
а	Public exhibition	(d 🔲 !	Loan or excl	hange progra	ams					
b	Scholarly research	•	e 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ey further th	ne organizati	on's exer	npt purpo	se in Parl	t XIV		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or										
L	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	able.							
-	The root of plant the citating of the root								Amount		
С	Beginning balance						1c				
ď	Additions during the year			•			1d				
	Distributions during the year						1e				
•	Ending balance						1f				
22	Did the organization include an amount on F	orm 990 Part X line	212				L!!		Yes	\Box	No
	If "Yes," explain the arrangement in Part XIV		J 22 1 1								, 140
Par			nswered	"Yes" to Fo	rm 990 Part	IV line 1	0				—
	2 T Ziras William Complete	(a) Current year		rior year	(c) Two year			ears hack	(e) Four	vears '	hack
4.	Beginning of year balance	(a) Current year	(6)	noi yeai	(C) 1WO you	3 Dack	(d) Thice y	Cars buck	(e) rour	yours	buon
1a	Contributions				- · · ·						
0											
C 	Net investment earnings, gains, and losses Grants or scholarships										
a	·					+					
ę	Other expenditures for facilities										
	and programs		 								
T	Administrative expenses										
g	End of year balance					l_			!		
2	Provide the estimated percentage of the year	ir end balance neld i									
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%									
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are neid a	na aaministe	erea for ti	ne organiz	zation	г	 T	
	by.									Yes	<u>No</u>
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization								3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments - Land, Buildin										
	Description of investment	(a) Cost or o		` ,	or other	· · ·	ccumulate	- 1	(d) Book	: value	3
		basis (invest	ment)	basis	(other)	aep	oreciation				
1a	Land				4 000	_					
b	Buildings			40	4,000.		<u>113,3</u>	44.	290),6	<u>56.</u>
C	Leasehold improvements			<u> </u>			100 6	0.7			
d	Equipment			17	9,803.		<u>128,2</u>	87.	51	L,5	<u> 16.</u>
	Other										
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur	nn (B), line 1	(O(c))			▶	342	١, 2 ,	72.

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

Schedule D (Form 990) 2009

31-4359813 Page 3

	edule D (Form 990) 2009 Alpha Sigma Phi Fraternit rt XI. Reconciliation of Change in Net Assets from Form 990 to		nancial Sta		4359813 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	to Addited 11		Cilicii	
	Total expenses (Form 990, Part IX, column (A), line 25)		1 1		1,301,568.
2			2		<u>1,197,686.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		103,882.
4	Net unrealized gains (losses) on investments		4		6,574.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		. 8		6 554
9	Total adjustments (net). Add lines 4 through 8	•	9		6,574.
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statem		evenue per	Retur	110,456.
1	Total revenue, gains, and other support per audited financial statements		po.	1	1,319,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			- -	1,515,004.
a	Net unrealized gains on investments	2a	6,574		
b	Donated services and use of facilities	2b	0,57=	•	
	Recoveries of prior year grants			-	
c d	Other (Describe in Part XIV)	2c 2d	11,522	=	
	Add lines 2a through 2d	_ Zu	11,324	╗.	10 006
e	Subtract line 2e from line 1		•	2e	18,096. 1,301,568.
3	•			3	1,301,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		-	
c	Add lines 4a and 4b			4c	0.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) TXIII Reconciliation of Expenses per Audited Financial Stater	nente With E	vnoncoc no	r Dotu	1,301,568.
		Helita Altii F	-xheiises he		
1	Total expenses and losses per audited financial statements			1	1,209,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		-	
C	Other losses	2c	11 500	-	
d	Other (Describe in Part XIV.)	2d	11,522		11 500
e	Add lines 2a through 2d			2e	11,522.
3	Subtract line 2e from line 1			3	1,197,686.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV.)	4b		-	
C	Add lines 4a and 4b			4c	0.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIV Supplemental Information			5	1,197,686.
			4.5.4.04.1	41 1	0. 5
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also con				
<u>Pa</u>	ct XII, Line 2d - Other Adjustments:				
Cos	st of Merchandise Sold: 11522.			<u> </u>	
<u>Pai</u>	rt XIII, Line 2d - Other Adjustments:				
Cos	st of Merchandise Sold: 11522.				
				 -	

SCHEDULE				•				OMB No 1545-0047	
(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	es.		2009	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organizatior	ganization answered "Yes" on Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	v
Name of the organization	ation Alpha Sigma Phi		Fraternity	Tng.	;		ш	Employer identification number 31-4359813	13
Part I General I	General Information on Grants and Assistance	nd Assistance	3						
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti		
criteria used to	criteria used to award the grants or assistance?	tance?						X Yes	Š
2 Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	• United States. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part I	V, line 21, for any	
recipient	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additiona	al space is needed	
1 (a) Name and a or go	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
								:	
	•								
			ı						
2 Enter total num	Enter total number of section 501(c)(3) and government organizations	nd government or	anizations						
	Enter total number of other organizations)							
؍ ا	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization Alpha Sigma Phi Fraternity, Inc.	Employer identification number 31-4359813					
Form 990, Part I, Line 1, Description of Organization Mis	sion:					
character: silence, charity, honor, purity, and patriotis	character: silence, charity, honor, purity, and patriotism.					
Form 990, Part III, Line 4d, Other Program Services:						
Chapter services, expansion, governance, and alumni devel	opment.					
Expenses \$ 337506. including grants of \$ 0. Revenue \$	0.					
Form 990, Part VI, Section B, line 11: The fraternity president receives and reviews a copy of the Form 990 prior to filing.						
Form 990, Part VI, Section B, Line 12c: The board and fra						
monitor the policy and individuals' and board members' adherence to it. All conflicts are addressed and corrections are enforced on a case-by-case basis.						
Dasis.						
Form 990, Part VI, Section B, Line 15a: The president's s	alary is					
determined annually in connection with a performance revi	ew performed by					
the board of directors.						
Form 990, Part VI, Section C, Line 19: The organization m	akes its					
governing documents available to interested parties upon	request.					

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Alpha Sigma Phi Fraternity, Inc ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

OMB No 1545-0047

. 2009 Open to Public Inspection Employer identificátion number Direct controlling 31-4359813 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(a)	(q)	(c)	(D)	(e)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
Alpha Sigma Phi Educational Foundation -	Promote education and				
14-1908351, 710 Adams Street, Carmel, IN	leadership within Alpha				
46032	Sigma Phi Fraternity	Indiana	501(c)(3)	Line 5	
	:				
	:				

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 Alpha Sigma Phi Fraternity, Inc.

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate allocations? Yes No Ξ Share of total income Share of end-of-year assets <u>(</u> Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) ত (d)
Direct controlling
entity Primary activity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 07-21-10 Part IV

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Schedule R (Form 990) 2009 Alpha Sigma Phi Fraternity, Inc.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gros's revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	usion for certain investment partners	sdiu					*
(a)	(g)	(၁)	9	(e)	Œ	(b)	Ē
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
(carried to			Yes No				Yes No
					-		
					•		
			1				
							
							_
					<u> </u>		

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Schedule R (Form 990) 2009

Form **8868**

(Rev. April 2009)
Department of the Treasuly Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nolete	
Part I c			▶ □
All othe	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exter	sion of time
	ncome tax returns.		
noted l (not au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cours submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally it	(1) you want the additional ated Form 990-T Instead,
Type o	Name of Exempt Organization	Emp	loyer identification number
print	Alpha Sigma Phi Fraternity, Inc.	3	1-4359813
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.		
retum Se Instructio	e		
	Carmel, IN 46032		
Check	type of return to be filed (file a separate application for each return)		
XF	form 990 Form 990-T (corporation) Form 47	'20	
	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
F	form 990-EZ Form 990-T (trust other than above) Form 60	69	
=	orm 990-PF		
			
	Amy Stankiewicz		
	books are in the care of ▶ 710 Adams Street - Carmel, IN 46032		
Tele	phone No. ► 317-843-1911 FAX No. ►		
	e organization does not have an office or place of business in the United States, check this box		▶
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this		
box 🕨	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension will cover.
ıs	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt February 15, 2011 , to file the exempt organization return for the organization named as for the organization's return for calendar year or and ending JUN 30, 2010		The extension
2 lf	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
_	onrefundable credits. See instructions.	3a	\$
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
_	x payments made. Include any prior year overpayment allowed as a credit.	3ь	\$
	alance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
đ	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
<u>s</u>	ee instructions	3c	\$ N/A
Cautio	n. 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. 4-2009)