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# Form **990**

Department of the Treasury Internal Revenue Service

# **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)

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

2011
Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and e	ending		
В	heck if pplicable	C Name of organization ALPHA EPSILON DELTA		D Employer identific	ation number
Γ	Addre	C/O DONALD O SCHREIWEIS, PH.D.			
	Name			13-60	95827
	initial return	Number and street (or P O box if mail is not delivered to street address)	E Telephone number		
	Termir ated Amend	548 BRAEBRIDGE ROAD		314-9	215 610
누	Jretum ☐Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	315,619.
L	_ition pendir	MANCHESTER, MO 05021	ם עם י	H(a) Is this a group ref	
		F Name and address of principal officer:DONALD O SCHREIWEIS SAME AS C ABOVE	) Pn.D		Yes X No
	•		r 527	H(b) Are all affiliates incl	
		empt status: X 501(c)(3)	327		ist. (see instructions)
		organization X Corporation	I Voor	H(c) Group exemption	State of legal domicile DC
	ert I	Summary	L Teal	or rormation 1902 N	State of legal doffliche DC
		Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	T.E. O	
Activities & Governance	'	briefly describe the organization's mission of most significant activities.	701111111111111111111111111111111111111		
таř	2	Check this box If the organization discontinued its operations or disposi	ed of more	than 25% of its not ass	eate
Ş.	1	Number of voting members of the governing body (Part VI, line 1a)	00 01 111010	3	0
õ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
SS.		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
ij	I	Total number of volunteers (estimate if necessary)		6	0
Çţ	1		7	7a	0.
•	b	Total unrelated business revenue from Part VIII, column Chipe 12 VED  Net unrelated business taxable income from Form 990 Thine 34	•	7ь	0.
Revenue			<b>Í</b>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	ડી	0.	0.
		Program service revenue (Part VIII, line 2g)	<u> </u>	247,570.	. 250, 185.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 70GDEN, UT	↓	48,244.	52,665.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,486.	12,769.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		386,300.	315,619.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,000.	58,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,149.	68,049.
eu	l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Expenses	ľ	Total fundraising expenses (Part IX, column (D), line 25)	<del>-</del>	244,146.	87,960.
	Į.	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	327,295.	214,009.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,005.	101,610.
ES C		Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	- 55	1,990,801.	2,098,928.
Ass	21	Total liabilities (Part X, line 26)		0.	6,518.
誓	22	Net assets or fund balances. Subtract line 21 from line 20		1,990,801.	2,092,410.
	art II	Signature Block	•	· · · · · · · · · · · · · · · · · · ·	•
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge	
	-	Wardell Schriftis		June à	22 2012
Sig	n	Signature of officer		Date	•
Her	e	DONALD O SCHREIWEIS PH.D., TREASURER			
		Type or print name and title	1 -	Sata de la la	7 07:01
_		Print/Type preparer's name Preparer's stopetine		Date Check Check	PTIN
Palo		KEVIN E. DECKER	1	self-employer	
	arer	Firm's name DECKER & ASSOCIATES PC		Firm's EIN ▶	43-1808888
USB	Only	Firm's address > 955 EXECUTIVE PARKWAY STE 112		05 2.1	14-542-9512
_	. Ale - 25	ST. LOUIS, MO 63141  35 discuss this return with the preparer shown above? (see instructions)		Phone no 3	X Yes No
May	, tha ii	ss discuss this feturn with the preparer shown above ( ISEE INSTRUCTIONS)			IAN THE INO

# ALPHA EPSILON DELTA

	1990 (2011) C/O DONALD O SCHREIWEIS, PH.D.	13-6095827	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	PRE-MEDICAL FRATERNAL HONOR SOCIETY		
2	Did the organization undertake any significant program services during the year which were not listed on	·	
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avnance	
4			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	grants and allocations	το
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenu	e \$	)
	SCHOLARSHIPS-GIVEN TO STUDENTS ENTERING MEDICAL SCHOOL		
		•	
		<del></del>	
	165.000		
4b	(Code) (Expenses \$ 165,028. including grants of \$) (Revenue		<del></del> )
			JBLIC
	INFORMATION SPONSOREED BY THE SOCIETY. THE SOCIETY ALSO		
	TRIANNUAL MAGAZINE CALLED THE SCALPEL THAT IS SENT TO ME	MBERS FEATU	<u>JRING</u>
	CURRENT EVENTS IN THE FIELD OF MEDICINE		
4c	(Code) (Expenses \$) (Revenue	e \$	)
			<del></del>
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 165,028.		<b>390</b> /2011\
		Form (	

Page 3

C/O DONALD O SCHREIWEIS, PH.D.

Form 990 (2011) C/O DONALD O
Part IV Checklist of Required Schedules

7 717				
	·		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			١
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
<del>0</del>	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	- <del></del>		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	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	11b	X	
c	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	11c		Х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ų.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
••	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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,"			
	complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	<b>990</b> (	2011)

Form 990 (2011) C/O DONALD O SCHRE
Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. Column (A), line 31 th "Yes," complete Schedule (Parts and II)  22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Column (A), line 21 th "Yes," complete Schedule (Parts I and III)  23 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Column (A), line 21 th "Yes," complete Schedule (Parts I and III)  24 Dut 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  25 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 Dut the organization answer that it engaged in an excess benefit transaction with a disqualified person uning the year?  28 Section 501c(3) and 501c(4) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person uning the year?  29 It 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 not by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations plant year? If "Yes," complete Schedule L, Part IV  29 Was a fean to not by a current or former officer, director, trustee, key employee or a fean year the presence of the organization provide a grant or other assistance to an officer, director, trustee, or when provide a grant selection committee member, or to a fean				Yes	No
22 LX column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Parts I and III column (A), line 2? If "Yes," complete Schedule I, Part III column (A), line 2? If "Yes," complete Schedule I, Part III column (A), line 2? If "Yes," complete Schedule I, Part III column (A), line 2? If "Yes," complete Schedule II column (A), line 2? If "Yes," complete Schedule II column (A), line 2? If "Yes," complete Schedule III column (A), line 2? If "Yes," complete Schedule III column (A), line 2? If "Yes," complete Schedule III column (A), line 2? If "Yes," complete Schedule III column (A), line 2? If "Yes," complete Schedule III column (A), line 2 line 3. If the schedule III column (A), line 2 line 3. If the schedule III column (A), line 2 line 3. If the schedule III column (A), line 2 line 3. If the schedule III column (A), line 3. If the schedule III column (A), line 2 line 3. If the schedule III column (A), line 3. If the 3. If the schedule III column (A), line 3. If the schedule III column (A),	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), time 27 if "Yes," complete Schedule I, Parts I and III  3 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 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 If "No", or to time 25  b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  Did the organization and as an "on behalf of" issuer for bonds outstanding any time during the year to defease any tax-exempt bonds?  Section 501(43) and 501(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  b Is the organization aware that d engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II  b A transplantation saver that d engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, again salection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 L. If "No", go to line 25  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  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding secrow at any time during the year? decides any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding secrow at any time during the year?  24b Did the organization 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 (as 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 and that the transaction has not been reported on any of the organization organization and the organization	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 245 through 24d and complete Schedule I, "Two", or but no 25  b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24a X  24b C  10d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c C  25d 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 I, Part I  11b Is the organization aware that engaged in an excess benefit interaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II  12d Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employes, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II  12d Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employes thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV  12d A cannot or organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV  12d A cannot or direct, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  12d A cannot or organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV  12d A cannot organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribut			22	Х	<u> </u>
Schedule I 249 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 "Pes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d	23				
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 "Pes," araswar lines 246 through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 256 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 is the organization and that the transaction what 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-E2? If "Yes," complete Schedule L, Part II 25 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 IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee of a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I and the		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
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 b) Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? d) Did the organization meant and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 25s 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 organization and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b 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 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons if I''Yes, "complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a fa			23		X
Schedule K. If "No": go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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-E2? If "Yes," complete Schedule L, Part I b) Is the organization provide a grant or other assistance to an 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 c) Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization provide diffing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV b) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c) Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV c) Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV c) Did the organization onelle key Part I c) Did the organization sell, exchange, dispose of, or tran	24a	· · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d			1		,
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  31 If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity?  34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O			-		Х
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		Note. All Form 990 mais are required to complete ochequie o			(2011)

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O Contains a response to any question in this Fait V		V	
4	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
1a	The first the first to be to all a box of the first to be to a box of the first to be to b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С		1c		1
20	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return  2a  0			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		<u> </u>
	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)?	4a		X
h	If "Yes," enter the name of the foreign country:	<del></del>		
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	·	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	1		
е	Did the organization 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	<u> </u>	<del> </del>
9	if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	ļ	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
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 at any time during the year?	8	ļ	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		•	1
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	ļ
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
_ b		1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b	amounts due or received from them.)			
12a	(1) 5	12a	Ì	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	<b></b>
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans	]		
c	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<b></b>
-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Earm	agan	/2011)

Form 990 (2011) Part 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.

	· Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
<u> </u>	and A develoring been distributed and the second se		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 0			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	- 0		Α_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X
	more members of the governing body?	7a		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_	v	
	The governing body?	8a_	X	-
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_		
	ın Schedule O how this was done	12c		7
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.,
	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	ļ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	avallat	ЭІӨ	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	a tinai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	<b>-</b>	
	DONALD O SCHREIWEIS, PH.D 314-977-2840			
	548 BRAEBRIDGE ROAD, MANCHESTER, MO 63021			

132006 01-23-12

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

. Check if Schedule O contains a response to any question in this Part VII

#### 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
- 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, if any. 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.

X Check this box if neither the organization r	or any related	orga	aniza	ation	cor	nper	nsat	ed any current officer, o	director, or trustee.			
(A) Name and Title	(B) Average hours per	(do box offic	Po do not chector, dox, unless pofficer and a		(C) Position o not check more than one x, unless person is both an ficer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) DONALD O SCHREIWEIS PH.D.												
TREASURER	10.00	<u> </u>		ļ		_		0.	0.	0.		
(2) SUZETTE D COMBS	E 00							0.	0.	^		
PAST PRESIDENT	5.00		$\vdash$					· ·	0.	0.		
(3) SUSAN W COOK PH.D. VICE PRESIDENT	10.00							0.	0.	0.		
(4) JOHN W LYNN PH.D.	10.00	$\vdash$		-			-	-				
PRESIDENT	10.00							0.	0.	0.		
(5) DEBRAH A BECK PH.D.												
SECRETARY	10.00							0.	0.	0.		

Form 990 (2011)

Part VII Section A.

Name and title

Officers, Directors, Tru	ustees, Key Ei (B)	nplo	yee		nd H C)	ligh	est	Compensated Employe (D)	es (continued)		(F)	
nd title	Average hours per week (describe hours for related	or director	not c , unle cer ar	Pos heck ss pe	more rson recto	than is bot or/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	timate nount o other pensa om the anizati	of tior e
	organizations in Schedule O)	Individual trustee	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	(	:	and	d relate	ed
<del></del>												
		ļ. <u>.</u>	_						:			
tion sheets to Part V	II, Section A		<u> </u>	<u> </u>	<u> </u>	<b>&gt; &gt; &gt;</b>		0. 0. 0.	0. 0. 0.			0
	not limited to th	ose	liste	ed a	bove	e) wh	no re	ceived more than \$100,	000 of reportable			
			e, ke	еу өг	mplo	уөө	, or h	nighest compensated en	nployee on	3	Yes	No X
•	um of reportab	le co						er compensation from t	he organization	4		Х
d on line 1a receive or a	•				-		elate	ed organization or individ	dual for services	5		Х

Total number of individuals (including but not limited to those listed above) who received more than \$ compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation fro and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or inc rendered to the organization? If "Yes," complete Schedule J for such person

#### Section B. Independent Contractors

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

1b Sub-total

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	110112	· · · · · · · · · · · · · · · · · · ·	,
umber of independent contractors (including but	t not limited to those	elisted above) who received more than	

Form **990** (2011)

Pa	rt VII	Statement of Reven	ue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
동원	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am (	С	Fundraising events	1c					
a g	d	Related organizations	1d					
S.E	е	Government grants (contribution	ons) 1e					
is	f	All other contributions, gifts, grants	s, and					
章		similar amounts not included abov	e <b>1f</b>					
450	9	Noncash contributions included in lines 1	la-1f \$					
<u>8</u>	<u>h</u>	Total. Add lines 1a-1f		<b>.</b>			*************************	
	2 a	MEMBER DUES		Business Code 621110	250,185.	250,185.		
le S	b							
n S	C							
<u>8</u> 4	d							
Program Service Revenue	е						<del> </del>	<del>                                     </del>
-	f	All other program service rever	nue		250,185.			<u> </u>
$\dashv$	9		dddd	<b>D</b>	230,103.			
	3	Investment income (including of	aividenas, intere	est, and	52,625.	52,625.		
		other similar amounts)			32,023.	32,023.		
	4	Income from investment of tax	·exempt bond p	proceeds	5,759.	5,759.		
	5	Royalties	(ı) Real	(II) Personal	3,133.	3,733.		
		Crass roots	(I) Neal	(ii) Feisonai				
	6 a	Gross rents		<del>                                     </del>				
	b	' I		<del> </del>				
	ب 0	, ,		<u> </u>				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ıi) Other			······································	
	/ a	ľ	40.	<del></del>				
		assets other than inventory  Less: cost or other basis		<del> </del>				
	U	and sales expenses						
	_	Gain or (loss)	40.					
		Net gain or (loss)		<b>•</b>	40.	40.		
Other Revenue		Gross income from fundraising including \$	events (not					
S.		contributions reported on line		1				
Ę.		Part IV, line 18	а					
‡	b	Less: direct expenses	b					
0		Net income or (loss) from fund	raising events					
ł		Gross income from gaming act						
İ		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gami	ng activities	<b>&gt;</b>				
1	10 a	Gross sales of inventory, less i	returns					
İ		and allowances	а					
	b	Less: cost of goods sold	b					
L	С	Net income or (loss) from sales	of inventory	▶				
[		Miscellaneous Revenue		Business Code				
	11 a	CONVENTION PROC	EEDS	621110	6,510.	6,510.		<del> </del>
	b	MISCELLANEOUS		621110	500.	500.		
	C		<del></del>					
	d				7 010			<u> </u>
l	е	Total. Add lines 11a-11d			7,010.	215 610	0.	0.
13200	12	Total revenue. See instructions		<u> </u>	315,619.	315,619.	<u> </u>	50cm <b>000</b> (2011)

Form 990 (2011)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		s Part IX	(C)	(D)
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	50 000	EQ 000		
	the United States. See Part IV, line 22	58,000.	58,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. 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				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F0 600	20 040	20 040	
7	Other salaries and wages	59,680.	29,840.	29,840.	
8	Pension plan accruals and contributions (include	4 401	2 201	2 200	
	section 401(k) and section 403(b) employer contributions)	4,401.	2,201.	2,200.	
9	Other employee benefits	2 060	1 004	1 004	
10	Payroll taxes	3,968.	1,984.	1,984.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	F 170	5 170		
C	Accounting	5,170.	5,170.		
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion	7 070	2 000	2 000	
13	Office expenses	7,978.	3,989.	3,989.	
14	Information technology	1,330.	1,330.		····· · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	20 726	15 5 4 4	E 102	
17	Travel	20,726.	15,544.	5,182.	
18	Payments of travel or entertainment expenses	İ			
	for any federal, state, or local public officials	0.360	0.260		
19	Conferences, conventions, and meetings	9,260.	9,260.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	PRINTING AND PUBLICATIO	31,713.	31,713.		
b	POSTAGE	5,840.	2,920.	2,920.	
c	INSURANCE	2,167.		2,167.	
d	EQUIPMENT RENTAL	1,380.	1,380.		
е	All other expenses	2,396.	1,697.	699.	
25	Total functional expenses. Add lines 1 through 24e	214,009.	165,028.	48,981.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

Form **990** (2011)

Form 990 (2011)

Part Y Ralance Sheet

Par	tΧ	Balance Sheet			<del></del>	
	,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		65,520.	1	45,917.
	2	Savings and temporary cash investments		23,674.	2	92,977.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dire				
		employees, and highest compensated employee	s. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instruc	ctions)		6	
Assets	7	Notes and loans receivable, net	Į		7	
Ass	8	Inventories for sale or use		·	8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 31,661.			
	b	Less: accumulated depreciation	10a 31,661. 10b 31,661.	0.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1	1,869,672.	12	1,960,034.	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	31,935.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	1,990,801.	16	2,098,928.
	17	Accounts payable and accrued expenses			17	6,518.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key employees,			
abi		highest compensated employees, and disqualified	d persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	6,518.
		Organizations that follow SFAS 117, check he	re 🕨 🔛 and complete			
es		lines 27 through 29, and lines 33 and 34.				
310	27	Unrestricted net assets			27	
3ai	28	Temporarily restricted net assets			28	
둳	29	Permanently restricted net assets			29	······································
Ē		Organizations that do not follow SFAS 117, ch	eck here   X and			
6		complete lines 30 through 34.	1 000 001		0 000 410	
ets	30	Capital stock or trust principal, or current funds		1,990,801.	30	2,092,410.
Ass	31	Paid-in or capital surplus, or land, building, or eq	0.	31	<u>0.</u>	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	0.	32	0.	
Z	33	Total net assets or fund balances	1,990,801.	33	2,092,410.	
	34	Total liabilities and net assets/fund balances		1,990,801.	34	2,098,928. Form <b>990</b> (2011)

Form	990 (2011) C/O DONALD O SCHREIWEIS, PH.D.	13-60	)95827	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	t contract to the contract to				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			09.
3	Revenue less expenses. Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,990		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<1.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,092	2,4	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		
			Form 9	990 (	2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALPHA EPSILON DELTA 13-6095827 C/O DONALD O SCHREIWEIS, PH.D. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c \_\_\_\_ Type III - Functionally integrated b Type II Type III - Other a L\_\_\_ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (I) Name of supported (ii) EIN organizátion in col organization in col (I) listed in your organization in col support organization (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes Total Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

#### Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
aler	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	nclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		<b></b>	<u> </u>			
	Public support. Subtract line 5 from line 4			1	<u> </u>	<u> </u>	
	tion B. Total Support		<u> </u>	Ţ	<del>,</del>	T	
aler	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
3	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					ļ	
-	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
	Other income. Do not include gain	1					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10			<u> </u>	<u> </u>		
	Gross receipts from related activities,					12	
	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. □
	organization, check this box and <mark>stop</mark> tion C. Computation of Publ	ic Support Pe	rcentage				
				column (fl)		14	
	Public support percentage for 2011 ( Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	-	column (i))		15	
	33 1/3% support test - 2011. If the c			on line 13 and line	14 is 33 1/3% or i		ox and
	stop here. The organization qualifies				14 13 33 17 37 31	more, ericen inie er	▶ſ
	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check to	nis box
	and stop here. The organization qual						▶[
	10% -facts-and-circumstances tes				e 13, 16a. or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					2. <b>3</b>	▶□
h	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
•							
	organization meets the "facts-and-cire						▶[

Schedule A (Form 990 or 990-EZ) 2011 C/O DONALD O SCHREIWEIS, PH.D.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u>Sa.</u>	etion A. Public Support	elow, please comp	nete Part II.)				
	······································	(a) 2007	<b>(b)</b> 2008	(-) 2000	(4) 2040	(a) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	( <b>b)</b> 2006	(c) 2009	(d) 2010	(e) 2011	(i) Total
1							
	membership fees received. (Do not include any "unusual grants.")	209,184.	177.397	204,759.	247,570.	250,185.	1089095.
•		205,104.	11113316	201/1336	241/3701	230,1031	1003033.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,691.	2,440.			5,759.	10,890.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	211,875.	179,837.	204,759.	247,570.	255,944.	1099985.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)		***************************************				1099985.
	ction B. Total Support		I II III III III III III III III III I		1. 11. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<del> </del>	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	211,875.	179,837.	204,759.	247,570.	255,944.	1099985.
_	Gross income from interest,		,	•	•		
	dividends, payments received on securities loans, rents, royalties and income from similar sources	205,939.	74,030.	50,227.	47,892.	52,625.	430,713.
Ŀ	Unrelated business taxable income	•				·	
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b	205,939.	74,030.	50,227.	47,892.	52,625.	430,713.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		155,887.			7,010.	
13	Total support (Add lines 9, 10c, 11, and 12)	430,076.	409,754.	264,788.	385,948.	315,579.	1806145.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (	line 8, column (f) d	vided by line 13, o	olumn (f))		15	60.90 %
	Public support percentage from 2010					16	<u>57.71 %</u>
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	•			ne 13, column (f))		17	23.85 %
18	Investment income percentage from					18	23.78 %
198	33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a						ightharpoons X
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						▶
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th		structions	0 000 57 0044

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

ALPHA EPSILON DELTA

C/O DONALD O SCHREIWEIS, PH.D.

Employer identification number 13-6095827

Par	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	/, line 6.	
		(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 advisor	s in writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organizati		Yes No
6	Did the organization inform all grantees, donors, and dor	nor advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if th	e organization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	or education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a c	qualified 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 histori		2c
đ	Number of conservation easements included in (c) acqu	ired after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easeme		Yes No
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspecting,		
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conse		
	include, if applicable, the text of the footnote to the orga	inization's financial statements that describes	the organization's accounting for
	rt III Organizations Maintaining Collection	os of Art Historical Transuras or O	ther Similar Assets
Pal	Complete if the organization answered 'Yes' to F		the offinal Assets.
	If the organization elected, as permitted under SFAS 11		ment and balance sheet works of art
18	historical treasures, or other similar assets held for publi		
	the text of the footnote to its financial statements that d		into of poolio convicto, provides, in vicinity,
ь			t and balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition		
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	and converse, provide and teneraling and con-
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical	al treasures, or other similar assets for financia	
_	the following amounts required to be reported under SF		
а	Revenues included in Form 990, Part VIII, line 1	, ,	<b>▶</b> \$_
b			► \$
-	· · · · · · · · · · · · · · · · · · ·		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

### ALPHA EPSILON DELTA

	annually .	ALD O SCHR						<u>95827</u>	
Par	t III Organizations Maintaining C	ollections of A	<u>rt, Historic</u>	<u>al Treasures, c</u>	or Othe	er Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any	of the following tha	it are a s	ignificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	c	Loan	or exchange progra	ams				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explai	n how they fu	ther the organizati	on's exe	mpt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, historic	al treasures, or oth	er simıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organization	on's collection?				Yes	No_
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the orga	nization answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for contri	butions or other as	sets not	Included			
	on Form 990, Part X?		,					Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
•	in 100, oxplain the arrangement in arrange		,					Amount	
С	Beginning balance					1c		7	
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
-	Did the organization include an amount on Fo	orm 990. Part X. line	217			L **. 1	- T	Yes	□ No
	If "Yes," explain the arrangement in Part XIV.							00	
Par			swered "Yes"	to Form 990, Part	IV. line 1	10.	· <del>-</del> ·		
سنسيتينا		(a) Current year	(b) Prior ye		ĭ	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	(-,,		(3)		<u> </u>		1	
b	Contributions								***************************************
c	Net investment earnings, gains, and losses	-						<b></b>	•••••
d	Grants or scholarships							<del>[</del>	•••••
-	Other expenditures for facilities								······
·	and programs								
f	Administrative expenses								•••••
9	End of year balance								***************************************
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. col	umn (a)) held as:				<u> </u>	
а	Board designated or quasi-endowment	•	%	, ,,					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	<del></del>							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are	held and administe	red for t	he organiz	zation	_	
	by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Schedule R	?				3b	
4	Describe in Part XIV the intended uses of the								
Par									_ <del></del>
	Description of property	(a) Cost or o	other (b	) Cost or other	(c) A	ccumulate	ed	(d) Book	value
		basıs (investr	ment)	basis (other)	de	preciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			31,661.		31,6	61.		0.
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B)	. line 10(c).)			▶		0.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.		Tage C
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				<del></del>
(A) MARKETABLE EQUITY				
(B) SECURITIES	7,670	. COST		
(C) MUTUAL FUNDS	1,863,969			
(D) CERTIFICATES OF DEPOSIT	88,395	. COST		· · · · · · · · · · · · · · · · · · ·
(E)				
(F)				
(G)				
(H)				
()	1 060 024			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	1,960,034			
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13.	- <del> </del>	
(a) Description of investment type	(b) Book value	Co	(c) Method of valua ost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				······································
(5)				
(6)		<del></del>	·	
				·····
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. See Form 990, Part X, line	15	<u> </u>	<u></u>	
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
	- Doddinpilott			(-)
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				<del>· ·</del> ·
(7)	<del></del>			
(8)				11.10
(9)				
(10)				<del>-</del>
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2)			1	
(3)			1	
(4)			1	
(5)			1	
(6)			1	
(7)				
(8)				
(9)				
(10)			7	
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote in Part XIV, provide the footnote in Part XIV, provide the text of the footnote in Part XIV, provide the text of the footnote in Part XIV, provide the text of the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide the footnote in Part XIV, provide t	e 25)			
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financial sta	tements that reports the orga	nization's liability for uncerta	in tax positions under

132053 01-23-12 Schedule D (Form 990) 2011

	ALPHA EPSILON DELTA				•	•				
Sche	dule D (Form 990) 2011 C/O DONALD O SCHREIWEIS, P	H.D.	•				13-	6095	827	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to			d Financ	cial S					
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				315	619.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2					,009.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3					,610.
4	Net unrealized gains (losses) on investments				4					·
5	Donated services and use of facilities				5					
6	Investment expenses				6				-	
7	Prior period adjustments				7					
8	Other (Describe in Part XIV.)				8	·	·			
9	Total adjustments (net). Add lines 4 through 8				9					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9			10				101,	,610.
	XII Reconciliation of Revenue per Audited Financial Stateme		Vitl	h Rever	nue p	er R	eturr	1		
1	Total revenue, gains, and other support per audited financial statements						1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					Ī				
а	Net unrealized gains on investments	2a								
ь	Donated services and use of facilities	2b	T							
c	Recoveries of prior year grants	2c				_				
d	Other (Describe in Part XIV.)	2d								
е	Add lines 2a through 2d						2e			
3	Subtract line 2e from line 1						3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					- 1			
ь	Other (Describe in Part XIV.)	4b			-		•			
c	Add lines 4a and 4b						4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5			
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	nents	Wit	th Expe	nses	per	Retu	rn		
1	Total expenses and losses per audited financial statements						1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
8	Donated services and use of facilities	2a								
b	Prior year adjustments	2b								
С	Other losses	2c								
d	Other (Describe in Part XIV.)	2d					·			
е	Add lines 2a through 2d						2e			
3	Subtract line 2e from line 1						3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIV.)	4b	丄							
С	Add lines 4a and 4b						4c			
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5			
Pai	t XIV Supplemental Information									
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com									4; Part
		<del></del>				<del>.</del> .				
_									-	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. C/O DONALD O SCHREIWEIS, PH.D. ALPHA EPSILON DELTA General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Parti

criteria used to award the grants or assistance?

OMB No 1545-0047	2011	Open to Public	Inspection

**2** 

Employer identification number 13-6095827 X Yes 1 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

<u> </u>	Part # 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	iovemments and	1 Organizations in the	United States. C	omplete if the orga	anization answered "Y	es to Form 990, Part IV	/, line 21, for any	
j	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Check this	box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	dditional space is need	pe	
	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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
1									
l									
I									
I									
1	2 Enter total number of section 501(c)(3) and government organizations	d government or		isted in the line 1 table				<b>A</b>	
•	3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table	٠			,	<b>^</b>	

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ALPHA EPSILON DELTA

C/O DONALD O SCHREIWEIS, PH.D.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)

Part III Grants and Other

Page 2

13-6095827

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance °. 58,000 (c) Amount of cash grant (b) Number of recipients 37 (a) Type of grant or assistance SCHOLARSHIP

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service ALPHA EPSILON DELTA Name of the organization **Employer identification number** C/O DONALD O SCHREIWEIS, PH.D. 13-6095827 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRATERNAL HONOR SOCIETY--PRE-MEDICAL FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS FOR APPROVAL BEFORE FILING FORM 990, PART VI, SECTION C, LINE 19: BY REQUEST

#### Form **8868**

(Rev. January 2012)

Department of the Treasury 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

If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		<b>•</b>	X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	rm 8868.	
Electron	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	368 to request an e	xtension
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Fransfers A	Associated With Ce	rtain
	Benefit Contracts, which must be sent to the IRS in pap					
	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I			ubmit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an auton					
art I on					•	
	corporations (including 1120-C filers), partnerships, REM	ICs and ti	usts must use Form 7004 to reques	t an exten	sion of time	
	come tax returns.	ros, and tr	add made add r omr root to reques	it an oxton	oron or anno	
	<del></del>	otiono		Employer	identification numl	bor /EINI) or
ype or	Name of exempt organization or other filer, see instruction ALPHA EPSILON DELTA	cuons.		Employer	identification num	Del (EIIV) OI
orint	1 .	חנ		X	13-609582	7
File by the Alliesh or street and room or suite as If a D.O. how and instructions.						
lue date fo	·	Social se	curity number (SSN	1)		
ling your stum See	548 BRAEBRIDGE ROAD					
nstructions		reign add	ress, see instructions.			
	MANCHESTER, MO 63021					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
s For         Code         Is For         Code           Form 990         01         Form 990-T (corporation)         0						
Form 990-BL 02 Form 1041-A 0						
Form 990-EZ 01 Form 4720 0						
orm 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
OIIII 99	DONALD O SCHRE					<u>'-</u>
. Th	books are in the care of ► 548 BRAEBRIDGE			63021		
	shone No. ► 314-977-2840	TOTID		OJULI		
			FAX No. ▶			
	organization does not have an office or place of business					` L
	is for a Group Return, enter the organization's four digit					
oox 🕨			ch a list with the names and EINs of		ers the extension is	s tor.
<b>1</b> In	equest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above.	The extension	
	for the organization's return for:					
	X calendar year 2011 or					
	tax year beginning	, an	d ending		_ ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
	*					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	priefundable credits. See instructions.	• -	•	3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	timated tax payments made. Include any prior year overg			3ь	s	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	s	0.
	using EFTPS (Electronic Federal Tax Payment System).  If you are going to make an electronic fund withdrawal v					
				<u>oim 3019.</u>	Form 8868 (P	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		FUITH GOOD (F	104. 1-2012)

LHA