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SCANNED NOV 0 5 2012

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)

OMB No 1545-0047

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

Open to Public Inspection

A	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and er	nding J	UN 30, 2012							
В	Check if	C Name of organization		D Employer identific	cation number						
ε	pplicable	SIGMA ALPHA EPSILON - NY ALPHA CHAPTER									
	Addres	S CO COTININA CITIEN COO IIN									
	Name change Doing Business As 15-054										
〒	Initial	Number and street (or P.O. box if mail is not delivered to street address)	·								
$\overline{}$	Termin	272-5550									
F	ated Amend	P.O. BOX 788 City or town, state or country, and ZIP + 4		G Gross receipts \$	4,134.						
一	Ireturn Applic			H(a) Is this a group re							
_	tion pendir	F Name and address of principal officer WILLIAM HOLTZ		for affiliates?	Yes X No						
		SAME AS C ABOVE		H(b) Are all affiliates inc							
		empt status	527	• • •	list (see instructions)						
		e: \triangleright N/A	<u> </u>	H(c) Group exemption							
		organization: Corporation Trust X Association Other ►	I Voor		State of legal domicile: NY						
	art I	Summary	L Teal (OHOHIIABUII. 1031 N	State of legal domicile. IN 1						
		Briefly describe the organization's mission or most significant activities PROVI	חם שת	HIGING AND E	FI.I.OWQUID						
8	•	TO MEMBERS.	DE HO	OBING AND F	EDDOMONTE						
nar	1	Check this box If the organization discontinued its operations or dispose	nd of more	than 25% of its not as	ecote .						
Ķ	1	Number of voting members of the governing body (Part VI, line 1a)	30 OI IIIOI 8	מ ומווי מילב וומווי ל	n .						
Ĝ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0						
Activities & Governance	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0						
Ë	1				0						
<u>;;</u>	ı	Total number of volunteers (estimate if necessary)	•	6	52.						
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	-198.						
_	D	Net unrelated business taxable income from Form 990-T, line 34	· -T								
		Contributions and grants (Bart VIII. line 1b)		Prior Year 0 •	Current Year 0 •						
Revenue	1 -	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		320,847.	4,082.						
Ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 Parts (BET)	-	142.	52.						
æ	10	Other reverse (Part VIII, column (A), lines 3, 4 and 44)		0.	0.						
	''	Other revenue (Fart VIII, Coldifii (A), illies 3 of our oc, 3c, 10c, and 11e)	· ·	320,989.	4,134.						
		Total revenue - add lines 8 through 11 (must equal Part VIII 106 umft (A), line (A)		282.	4,134.						
			-	0.	0.						
		Benefits paid to or for members (Part IX, column(A), line 4) FN UT . Salaries, other compensation, employee benefits (PQ X) borns (A), lines 5-10)		54,115.	0.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	• -	<u>54,115.</u> 0.	0.						
ĕ			^ ⊢	<u> </u>	<u>V •</u>						
Ä			<u>0. </u>	277,669.	2 500						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · —	332,066.	3,589. 3,589.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · ·		3,309. EAE						
<u>_ s</u>	19	Revenue less expenses Subtract line 18 from line 12		-11,077.	545.						
ance ance		Total accepts (Deat V. June 40)	Be	ginning of Current Year	End of Year						
Ball	20	Total assets (Part X, line 16)	· ·	85,633.	80,351.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	··	424. 85.209.	100. 80,251.						
F.	ert II	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	85,209.	60,231.						
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ante, and to the heet of m	u knowledge and heliof it is						
		t, and complete. Declara <u>tion of preparer (oth</u> er than officer) is based on all information of whic			y knowiedye and belief, it is						
u 06,	COLLEC	Land complete. Declaration in preparer (unter than officer) is based on an information of which	cii piepaiei	nas any knowieuge.							
Qi	_	Signature of officer		Date							
Sign	1	WILLIAM HOLTZ, FORMER TREASURER		10	-9-12						
Her	•	Type or print name and title		· · · · · · · · · · · · · · · · · · ·	(/2						
		Print/Type preparer's name Preparer's signature	J.C	Date Check	PTIN						
Paid	.			ا المام							
	arer	CAROLYN AUSTIN Cuolyn tuctor			16-1071694						
-	Only	Firm's address 200 E BUFFALO ST, SUITE 402		Firm's EIN	TO-TO/TO34						
500	J.1.13	ITHACA, NY 14850		Phone no. 6	07-272-5550						
Mar	, the IS	RS discuss this return with the preparer shown above? (see instructions)		Triiolie IIu. O	X Yes No						
	01 01-2		nin in nin i n-	 	Form 990 (2011)						
1320	U 1 U 1-2	- iz ivi i rapoi moik noudoudii Act Notico, soo die separate ilistraction	113.		1 01111 000 (2011)						

15-0543510 Page 2 C/O SCIARABBA WALKER & CO., LLP Part III | Statement of Program Service Accomplishments $\bar{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: SEE BELOW. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$) (Revenue \$ including grants of \$ TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF FRATERNITY. (Code ______) (Expenses \$ ___ _____ including grants of \$ ______) (Revenue \$ 4d Other program services (Describe in Schedule O.) including grants of \$ (Expenses \$) (Revenue \$ 4e Total program service expenses

Form **990** (2011)

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER

Part IV | Checklist of Required Schedules Yes No_ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors 2 2 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 X 3 . . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 Х 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 X 11b 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 Х 11c 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 X 11d e Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 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 X 17 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 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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			V	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
41	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
		02	ĺ	x
04-	Schedule J	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 "Yes," answer lines 24b through 24d and complete			-
	Schedule K If "No", go to line 25	24a		X
b	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	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		İ	ļ
	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			Ì
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	İ	j	
	instructions for applicable filing thresholds, conditions, and exceptions).		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	28c		X
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			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	ļ	X
33	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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?		-	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	Ì		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
	· · · · · · · · · · · · · · · · · · ·			

C/O SCIARABBA WALKER & CO. LLP

orm 990 (2011)	C/O SCIARABBA WALKER & CO., LLP	
Part V Statements	Regarding Other IRS Filings and Tay Compliance	

Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Зb 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 If "Yes," enter the name of the foreign country ь 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? ва If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?.... 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10<u>a</u> 0. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in fleu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? <u>13a</u> Note. See the instructions for additional information the organization must report on Schedule O. b 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 13b 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15-0543510

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER

C/O SCIARABBA WALKER & CO., LLP

Form 990 (2011) 15-0543510 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

Interest the number of voting members of the governing body at the end of the tax year 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 0. 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 officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Back committee with authority to act on behalf of the governing body? Seach committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Check if Schedule O contains a response to any question in this Part VI		<u> </u>	.,.,		X						
16 Enter the number of voting members of the governing body, of the governing body, of the governing body of the governing body deligible thread sulfivole year using noting noting and summers of the governing body, or file governing body body deligible thread sulfivole year to exclusive committee, explain in Schedule 0. Enter the number of voting members included in line 1s, above, who are independent Dely deposite thread sulfivole year to explain the summer of voting members included in line 1s, above, who are independent Dely deposite, director, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management domain or performed by or under the direct supervision of officers, directors, or trustees, or key employees to a performed by or under the direct supervision of officers, directors, or trustees, or key employees to a performed by or under the direct supervision of officers, director, or trustees, or key employees to a government of the programation management duties customarily performed by or under the direct supervision of the organization become average during the year of a againfount diversion of the organization sassets? Dely the organization become average during the year of a againfount diversion of the organization and the programation becomes or the organization and the power in the governing body? Dely the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the power by the supervision by the programation and sufficient that the governing body becomes the governing body? Enter the any officer, director, trustee, or key employees listed in Pert VII, Section A, who cannot be reached at the organization is an authority to act on behalf of the governing body becomes the governin	Sec	tion A. Governing Body and Management											
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad suthority to an executive committee, organia in Schedulic 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, furcitor, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees the are family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3			1	1		Yes	No						
body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officere, directors, trustees, or key employees to a menagement duties customarily performed by or under the direct supervision of officere, directors, or trustees, or key employees to a menagement company or other person? Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed? A Did the organization become aware during the year of a significant diversion of the organization's assess*2 Did the organization have membors, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have membors, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization oretine-persons devices of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization oretine-personsely document the meetings held or written actions undertaken during the year by the following: Did the organization than the governing body? Bid Each committee with authority to act on behalf of the governing body? Bid Each committee with authority to act on behalf of the governing body? Bid Each committee with authority to act on behalf of the governing body? Bid Here any officer, director, trustee, or key employees lated in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have a written continued to the organization or the week the committee organiz	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>0</u>								
b Enter the number of voting members included in line 1a, above, who are independent D dar any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management culies customanily performed by or under the direct supervision of officers, directors, or fusites, or key employees to a management company or other person? D dit the organization become aware during the year of a significant diversion of the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members or etockholders? D dit the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? D d the organization contemporaneously document the meetings held or written actions usdertaken during the year by the following: T b D was any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? D dit the organization contemporaneously document the meetings held or written actions usdertaken during the year by the following: T b D was not the proper than the governing body? D dit the organization contemporaneously document the meetings held or written actions usdertaken during the year by the following: B b West committee with authority to act on behalf of the governing body? D state the any officer, director, trustee, or key employees listed the Part VII, Section A who cannot be reached at the comparization have local chapters, branches, or affiliates? D organization mainting					İ								
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SIGMA ALPHA EPSILON - NY ALPHA CHAPTER

Form 990 (2	2011) C	:/0	SCIARABBA	WALKER	&	co.,	LLP	15-0543510	Page
Part VII	Compensation of	f Off	icers, Directors	s, Trustees	, K	ey Emp	loyees,	Highest Compensated	
	Employees and	Inde	nendent Contr	actors					

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0 1 (0-11-1-0 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		wallers to Alete Dest VIII				
Check if Schedule O contain	e a reconnse to any due	STIAN IN THIS PART VII				
Check is Constant C contain	o a rooperioe to arry que	otion in this i art vii	 	 	 , L	

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 n	or any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A)	(C) Position						(D)	(E)	(F)	
Name and Title	(B) Average			Pos	ition) 		Reportable	Reportable	Estimated
	hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				one h an	compensation	compensation	amount of
	wook	offic	er an	dad	recto	x/trus	tee)	from	from related	other
	(describe	ğ			1	'	1	the	organizations	compensation
	hours for	를				-		organization	(W-2/1099-MISC)	from the
	related	98	赣			캹	l	(W·2/1099-MISC)	,	organization
	organizations	慧	를		ag.			,		and related
	in Schedule	dual	펿	_	ᇶ	25 SE	<u></u>			organizations
	(describe hours for related organizations in Schedule O)	D G	Institutional trustee	Отпсе	ey e	Highest compensated employee	Ē			•
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C/O SCIARABBA WALKER & CO., LLP 15-0543510 Form 990 (2011) Page 8 Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the individual trustee or din related institutional trustee (W-2/1099-MISC) organization organizations (ey employee and related in Schedule organizations Officer O) 0. 0. 0. 1b Sub-total ... 0. 0. 0. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0. Ο. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 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 individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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) (C) (B) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER C/O SCIARABBA WALKER & CO., LLP 15-0543510 Page 9 Form*990 (2011) Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 2 a SMC REBATE 900099 2,349. <u>2,349.</u> Program Service Revenue 900099 1,547. 1,547. b PRIOR YEAR c CABLE REFUND 900099 186. 186. f All other program service revenue 082 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 52 52. other similar amounts) Income from investment of tax-exempt bond proceeds \triangleright 5 Royalties . (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) Net rental income or (loss) Gross amount from sales of (ii) Other (i) Securities assets other than inventory b Less: cost or other basis and sales expenses d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . **b** Less. cost of goods sold

contributions reported on line 1c). See
Part IV, line 18

b Less direct expenses
c Net income or (loss) from fundraising events

9 a Gross income from gaming activities See
Part IV, line 19
b Less direct expenses
c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns
and allowances
b Less cost of goods sold
c Net income or (loss) from sales of inventory

Miscellaneous Revenue

11 a

b

c
d All other revenue
e Total. Add lines 11a-11d

12 Total revenue. See instructions.

13 A J 34 A J 34 A J 38 A J 52 B O L 50 C O L 50

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER

C/O SCIARABBA WALKER & CO., LLP

Form 990 (2011) C/O SCIARABBA
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 response to any question in this Part IX										
	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		1								
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States See Part IV, line 22										
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)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management										
b	Legal										
С	Accounting	2,640.									
d	Lobbying		!								
ө	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
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.) KITCHEN	625									
	NYS TAXES AND FEES	625. 293.			 						
Ь		·- ·- · · · · · · · · · · · · · · · · ·									
C	PRIOR YEAR	31.		 	 						
d	All other eveness				ļ						
	All other expenses	2 500									
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,589.	<u> </u>								
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)			<u> </u>							

15-0543510 Page 10

C/O SCIARABBA WALKER & CO., LLP

Part X | Balance Sheet (A) (B) Beginning of year End of year 77,1<u>01.</u> 39,179 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 43,204. 2 0. 3 Pledges and grants receivable, net 3 3,250 250. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b **b** Less accumulated depreciation 10c Investments · publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 85.633. 80,351. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 100. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 424 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117, check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 85,209 80.251. Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 85,209 33 80.251. 80,351. Total liabilities and net assets/fund balances 85.633

Form 990 (2011)

15-0543510 Page 11

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER 15-0543510 C/O SCIARABBA WALKER & CO., LLP Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets \mathbf{X} Check if Schedule O contains a response to any question in this Part XI 4,134. Total revenue (must equal Part VIII, column (A), line 12) 3,589. 2 Total expenses (must equal Part IX, column (A), line 25) 2 545. 3 Revenue less expenses Subtract line 2 from line 1 3 85,209. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 -5,503. Other changes in net assets or fund balances (explain in Schedule O) 5 80,251. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No 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 Were the organization's financial statements audited by an independent accountant? 2b c 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 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0 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 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 Single Audit

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.

Act and OMB Circular A-133?

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SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ (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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SIGMA ALPHA EPSILON - NY ALPHA CHAPTER

Employer identification number

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FORM 99), PART	III	, LINI	3 3, C	HANGES	IN	PROG	RAM S	ERVIC	ES:		
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FORM 99), PART	VI,	SECT	ION A,	LINE	8A:	THER	E IS	NO GO	VERNI	NG BODY.	
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FORM 99), PARI	VI,	SECT	ION A,	LINE	8B:	THER	E ARE	NO C	TIMMO	TEES WITH	
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FORM 99), PART	VI,	SECT	ION B,	LINE	11:	A CO	PY OF	FORM	990	IS PRESEN	TED TO
THE PRE	/IOUS 1	REAS	URER T	ro rev	IEW AN	D SI	GN B	EFORE	FILI	NG.		
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FORM 99), PART	VI,	SECT	ION C,	LINE	19:	THE	ORGAN	IZATI	ON MA	KES ITS	
GOVERNII	G DOCU	MENT:	S AND	FINAN	CIAL S	TATE:	MENT	S AVA	ILABL	E TO	THE PUBLI	C UPON
REQUEST		···										
										 		
FORM 990), PARI	XI,	LINE	5, CH	ANGES	IN N	ET A	SSETS	:			
TRANSFE	OF CH	(APTE	R FUNI	OS TO	CORNEL	L UN	IVER	SITY			-	-5,503.
												
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