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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)

Open to Public

OMB No 1545-0047

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

Inspection

Α	For the	e 2011 calendar year, or tax year beginning $$	ing J	UN 30, 2012						
В	Check if applicab	C Name of organization		D Employer identific	cation number					
	Addre	Alpha Sigma Phi Fraternity, Inc.								
	Name chang				359813					
	linitial return	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number						
	Termı ated	/10 Adams Street		317-8	843-1911					
	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,041,434.					
	Application	Carmer, IN 40032	H(a) Is this a group re							
	pendi	F Name and address of principal officer Gordy Heminger		for affiliates? Yes X No						
		same as C above		H(b) Are all affiliates incl	luded? Yes No					
1	Tax-ex	empt status 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)					
		te:▶www.alphasigmaphi.org		H(c) Group exemption						
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1845 N	State of legal domicile: NY					
P	art I	Summary		<u></u>						
ø	1	Briefly describe the organization's mission or most significant activities To bett	<u>ter</u>	the man thre	ough the					
∠ U <u>/ </u> & Governance		creation and perpetuation of brotherhood for	<u>ound</u>	led up on the	<u>e_values_of</u>					
Ĕ	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as						
≥ ≥	3	Number of voting members of the governing body (Part VI, line 1a)		3	12					
7,5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12					
⇒ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	14					
∌ફ	6	Total number of volunteers (estimate if necessary)		6	779					
≥ ઇં	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.					
NOV & € Activities	b	Net unrelated business tayable income from Editin 990-T line 34		7b	0.					
		Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year					
Revenue Revenue	8	Contributions and grants (Part VIII, line 1h)		1,247,536.	1,400,889.					
Revenue	9	Program service revenue (Part VIII, line 2g)		564,908.	<u>572,385.</u>					
چ چ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-4,254.					
5	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	108.	<u>15,311.</u>					
วั ก	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,812,155.	1,984,331.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,650.	21,400.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		496,748.	<u>587,165.</u>					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>					
ă	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>•</u>							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		902,340.	1,071,179.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,434,738.	1,679,744.					
_	19	Revenue less expenses. Subtract line 18 from line 12		377,417.	304,587.					
Net Assets or	3		Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		1,276,763.	1,628,735.					
T.A.S	21	Total liabilities (Part X, line 26)		479,173.	535,180.					
2	22	Net assets or fund balances Subtract line 21 from line 20		797,590.	1,093,555.					
	<u>art II</u>	Signature Block	<u> </u>							
		alties of perjury/ declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is					
true	e, corre	ct, and comp res . Declaration of preparer (other than officer) is based on all information of which r	preparer	r has any knowledge.						
Sig	jn	Signature of officer		Date/ • /						
He	re	Gordy Heminger, CEO								
_		Type or print name and title		Data Tay T	DTIN					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai		Shawn Dreiman	/	0/30/12 self-employ						
	parer	Firm's name Alerding & Company, LLC		Firm's EIN	35-2043580					
Use	Only	Firm's address 4181 E 96th Street, Suite 180		_						
		Indianapolis, IN 46240		Phone no. (<u>317) 569-4181</u>					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form **990** (2011)

	990(2011) Alpha Sigma Phi Fraternity, Inc.	<u>31-4359813</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Briefly describe the organization's mission		
	To better the man through the creation and perpetuation	of brother	hood
	founded up on the values of character: Silence, charity,		
	purity, and patriotism.		_
	parroy/ and pactroording		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Ye	s 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?	Ye	s X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	others, the total expenses, and revenue, if any, for each program service reported	grants and anocations	
4a	(Code) (Expenses \$ 273, 437 • including grants of \$) (Revenue)	. 190	,779.)
∓ a	Convention and Leadership: Provides leadership training		
	sessions. The annually held leadership events are Burns		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	on a	
	chapter-by-chapter basis). The bi-annual events include		
	Grand Chapter. All of these events benefit the undergrad		
	members. Alumni can attend all events, and in all cases	are abre t	<u> </u>
	volunteer as facilitators.		
			
	100.000	401	FCE \
4b	(Code) (Expenses \$) (Revenue) (Revenue)		<u>,565.</u>)
	Risk Management: Provides liability insurance to the Fra		
	undergraduate chapters located throughout the United Sta		
	68 chapters. Also provides risk management programs cover		
	relating to alcohol education, substance abuse prevention	on, drug us	e <u>,</u>
	mental health issues and/or general wellness.		
		<u> </u>	
4c	(Code) (Expenses \$	re\$832	,989 .)
	Chapter/Colony Development: Provides support to the Chap	ter Develo	pment_
	Team, who adivses the Fraternity's undergraduate chapter	cs. The Cha	pter
	Development area is in charge of promoting the addition		
	Fraternity and this area also includes membership dues a		
	support staff spends most of their time managing this de		as
	seen in payroll dollars).	,	
	Door In pay I van do a dan D / V		
		-	
			
	Other program convices (Describe in Schedule O.)		
40	Other program services (Describe in Schedule O)	١	
	(Expenses \$ 376,426 · including grants of \$ 21,400 ·) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 1,298,447.	Earm	990 (2011)
		FUIII	(2011)

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	•	-	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	v	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		-21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	ļ	х
^	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	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	<u> </u>		
• •	as applicable.			ļ
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	X	
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
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	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			İ
	Schedule D, Parts XI, XII, and XIII	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	12b	X	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a		14a	-	X
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	441		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ļ	Х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 -	<u>-A</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		Х
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>^^</u>
18	·	18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	 ^
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		X
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		**
	11 100 to mio 200, did trio organization attaon a copy of ito addited finalicial statements to trio fetam.		990	(2011)

: :

			Yes	No
21	Did 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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23_		X_
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		
	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	000		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	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	27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- <u></u> -
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	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	ļ
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			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	<u>X</u>	0044
		Form	990	2011)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	12						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
2a	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	14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X					
4a	4a 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		<u> </u>				
b	If "Yes," enter the name of the foreign country. ▶							
	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_		<u> </u>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>				
С	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 solicity	t l						
	any contributions that were not tax deductible?	6a		_X_				
þ	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 p	ayor? 7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c_						
d	If "Yes," indicate the number of Forms 8282 filed during the year							
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						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required							
h	3	3-C? 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ır? <u>8</u>						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	·	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	0.						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0.						
11	Section 501(c)(12) organizations. Enter:	İ						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a						
_	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 5 to atthe amount of management and the standard plans							
	Enter the amount of reserves on hand		-					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (2011)				
		FULLI	33U (ZUII)				

Alpha Sigma Phi Fraternity, Inc. 31-4359813 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 12 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 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? 6 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8h 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 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 Х X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization

<u>Gordy Heminger - 317-843-1911</u> 710 Adams Street, Carmel,

46032

Form 990 (2011)	Alpha	Sigma	Phi	Fraternity,	Inc.		

31-4359813 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

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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot	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	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Bryan Proctor											
Grand Sr President	1.00	X		Х				0.	0.	0.	
(2) Thomas Hinkley				l				_			
Grand Junior President	1.00	X		X		-		0.	0.	0.	
(3) Matt Maurer	1 1 1									0	
Grand Treasurer	1.00	X		X	-	ļ. <u>. </u>		0.		0.	
(4) Josh Orendi	1 00	,,		,,					_		
Grand Secretary	1.00	X		X	-	-		0.	0.	0.	
(5) Rick Buss	1 00	₹,						0.	0.	0.	
Grand Councilor	1.00	Λ		-		-		U .	U •	<u> </u>	
(6) Mike Waters	1.00	.						0.	0.	0.	
Grand Councilor	1.00	^				┼				0.	
(7) Byron Hughes	1.00	v						0.	0.	0.	
Grand Marshal (8) Jeff Hoffman	1.00				1				<u>.</u>	<u> </u>	
Grand Councilor	1.00	х			İ			0.	0.	0.	
(9) Rodney Rusk	1.00	71	 	\vdash		Ì					
Grand Councilor	1.00	х			-			0.	0.	0.	
(10) Nick Gordon	1,00			 	┢┈						
Grand Councilor	1.00	x						0.	0.	0.	
(11) Josh Pawley											
Grand Councilor	1.00	x						0.	0.	0.	
(12) Jon Lucas											
Grand Councilor	1.00	X						0.	0.	_ 0.	
(13) Gordy Heminger						Π					
President/CEO	37.50			X				99,000.	0.	2,760.	
				<u> </u>	<u> </u>	_					
							1				
			<u> </u>			_	<u> </u>				
			<u> </u>					<u> </u>	<u> </u>	Form 990 (2011)	

Form **990** (2011)

rar	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highes							est							
	. (A)	(B)		(C)		(D)	(E)			(F)					
	Name and title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimate		ed					
		hours per	box	oox, unless person is both an		compensation	compensation		l l						
	•	week	officer and a dire			Irecto	or/trus	tee)	from from related				other	•	
		(describe	Individual trustee or director						the	organization			pens		
		hours for	 	يو أ			ated		organization	(W-2/1099-MIS	SC)		om th		
		related	Se Se	ruste			bens		(W-2/1099-MISC)			-	anıza		
		organizations	를	alt		loye	8 8						d rela		
		In Schedule O)	lwidu	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				orga	anızat	ions	
		 0,	Ĕ	Ĕ	5	ē.	三三	요							
			-		<u> </u>	ļ						-			
		1									 -				
					_		-		<u></u>						
							├			:					
							_		00 000		_		2 5	760	
	Sub-total					•			99,000.		0.		4,1	760.	
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.	
d	Total (add lines 1b and 1c)						<u> </u>		99,000.		0.		2,1	760.	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportab	le			0	
	compensation from the organization												Yes	No	
3	Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	ovee.	ori	highest compensated e	mployee on	-		,,,,	1	
	line 1a? If "Yes," complete Schedule J for s	•		-,	, -		,		g	1		3		X	
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d oti	her compensation from	the organization					
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edule	e <i>J f</i>	or such individual			4		X	
5	Did any person listed on line 1a receive or	•						elat	ed organization or indivi	dual for services					
	rendered to the organization? If "Yes," com	plete Schedul	<u>e J f</u>	or s	uch	per	son					_5	L	X	
	tion B. Independent Contractors Complete this table for your five highest co	mnonnatad in	done		nt c		roote		hat recoved more than	\$100,000 of con	none	ation i	from		
1	the organization Report compensation for										ihens	auon			
	(A)	-							(B)				C)		
	Name and business	address	N	INC	Ξ			4	Description of s	ervices	С	ompe	nsatio	on	
								\dashv							
	·							_	<u> </u>						
						·		\dashv			_				
				_	_										
2	Total number of independent contractors (ot lu	mite	d to		se li: 0	sted	l above) who received m	ore than					
	\$100,000 of compensation from the organ	zation 📂													

Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Related or Unrelated Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1045889. **b** Membership dues 1b Fundraising events 1c 1d 355,000 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ 1400889. h Total. Add lines 1a-1f Business Code 421,566. 421,566. 2 a Liability Insurance Fe 900099 ь Convention & Seminar F 900099 143,513. 143,513. c Interest on Loans 900099 7,306. 7,306. f All other program service revenue 572,385. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 21,058. 21,058. Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 563. 450. b Less: cost or other basis 4,813. 454 and sales expenses -4,250. -4. c Gain or (loss) -4,254. -4,254. 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 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 26,412. and allowances 51,836. b Less cost of goods sold -25,424-25,424. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 19,677. 19,677. 11 a Other Revenue d All other revenue 19,677. e Total. Add lines 11a-11d 1984331. 566,638. 0. 16,804. Total revenue. See instructions.

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				(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	(D) 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 the United States. See Part IV, line 22	21,400.	21,400.		
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,	00 000	F0 F61	10 430	
_	trustees, and key employees	99,000.	79,561.	19,439.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	401,004.	322,266.	78,738.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	401,004.	344,400.	10,130.	
O		11,121.	9,902.	1,219.	
9	section 401(k) and section 403(b) employer contributions) Other employee benefits	34,249.	30,495.	3,754.	-
10	Payroll taxes	41,791.	33,585.	8,206.	
11	Fees for services (non-employees)	11,,,11	3373031	0/2001	
	Management				
b	Legal				
C	Accounting	10,575.	10,575.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other _	6,569.	5,105.	1,464.	<u> </u>
12	Advertising and promotion	5,794.	5,794.		
13	Office expenses	196,338.	46,120.	150,218.	
14	Information technology			- to- W-	
15	Royalties				.
16	Occupancy .	6,920.		6,920.	
17	Travel .	426,285.	426,285.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 006	7 040	10 027	
19	Conferences, conventions, and meetings	<u>25,886.</u>	7,849.	18,037.	
20	Interest Payments to office to a	14,057.		14,057.	
21	Payments to affiliates	37,935.		37,935.	
22 23	Depreciation, depletion, and amortization Insurance	193,859.	193,859.	31,333.	 .
23 24	Other expenses. Itemize expenses not covered	155,655.	1,00,00		
24	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	Program Materials	73,128.	21,292.	51,836.	
b	Printing and Publicatio	55,058.	46,936.	8,122.	
С	Bank Charges/Credit Car	27,928.	17,962.	9,966.	
d	Bad Debt Expense	27,844.	19,461.	8,383.	
е	All other expenses	-36,997.		-36,997.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,679,744.	1,298,447.	381,297.	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.		ŀ		
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011

Par	rt X_	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	104,434.	1	179,509.
	2	Savings and temporary cash investments	111,345.	2	233,491.
	3	Pledges and grants receivable, net	27,060.	3	54,196.
	4	Accounts receivable, net	270,952.	4	369,187.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), 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	
ets	7	Notes and loans receivable, net	117,904.	7	163,290.
Assets	8	Inventories for sale or use	54,320.	8	28,024.
`	9	Prepaid expenses and deferred charges	41,601.	9	31,060.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 636, 108.			
	b	Less accumulated depreciation 10b 300,615.	329,387.	10c	335,493
	11	Investments - publicly traded securities	219,760.	11	335,493. 234,485.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,276,763.	16	1,628,735
	17	Accounts payable and accrued expenses	40,154.	17	52,089.
	18	Grants payable		18	
	19	Deferred revenue	58,512.	19	140,953
	20	Tax-exempt bond liabilities		20	-
ပ္သ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
api		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	236,584.	23	211,650.
	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	143,923.	25	130,488.
	26	Total liabilities. Add lines 17 through 25	479,173.	26	535,180.
		Organizations that follow SFAS 117, check here X and complete			
ဖွူ		lines 27 through 29, and lines 33 and 34.		i	
בַּ	27	Unrestricted net assets	797,590.	27	1,093,555.
<u>aa</u>	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here and			
5		complete lines 30 through 34.			
<u> </u>	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ואַ <u>ו</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	797,590.	33	1,093,555.
	34	Total liabilities and net assets/fund balances	1,276,763.	34	1,628,735.

orm	990 (2011) Alpha Sigma Phi Fraternity, Inc	<u> </u>	<u> </u>	<u> </u>	Pag	<u>je 12</u>		
Pa	t XI Reconciliation of Net Assets	_						
_	Check if Schedule O contains a response to any question in this Part XI					X		
		1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9 1,6					
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses Subtract line 2 from line 1 3 30							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>7</u>			<u>90.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				<u> 22.</u>		
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	<u> </u>	93	, 5	<u>55.</u>		
Pa	t XII Financial Statements and Reporting					_		
	Check if Schedule O contains a response to any question in this Part XII					<u>Ш</u>		
			_	_	Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2	b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1				
	review, or compilation of its financial statements and selection of an independent accountant?		_2	С		X		
	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 X Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt						
	Act and OMB Circular A-133?		3	a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			b				
			Fo	rm Ç	90 (2011)		

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

Employer identification number

	Alpha Sigma Phi Fr	31-4359813				
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	ie 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 advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring			
	impermissible private benefit?		Yes No			
Paı	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	: IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histor	rically important land area			
	Protection of natural habitat	Preservation of a certifie	d historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	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			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	. Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements durir	ng the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year > \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)((4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		. Yes No			
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense st	atement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	organization's accounting for			
_	conservation easements					
Par		· · · · · · · · · · · · · · · · · · ·	er Similar Assets.			
	Complete if the organization answered "Yes" to Form	· · · · ·				
1a	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIV,			
	the text of the footnote to its financial statements that descr					
b	If the organization elected, as permitted under SFAS 116 (A	•				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts			
	relating to these items		. .			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$			
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	_	ain, provide			
	the following amounts required to be reported under SFAS 1	176 (ASC 958) relating to these items:	.			
a	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		> \$			

Sche		<u>igma Phi F</u>							<u>59813</u>	
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	r Simil	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, checl	k any of the	following that	it are a si	gnıficant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	•	a 🖳	Loan or exc	hange progra	ams				
þ	Scholarly research	•	e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and expla	in how th	ney further t	he organızatı	on's exer	npt purp	ose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No
Pa	t IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?				•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fe	ollowing	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	. <u>.</u>				<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Pai	t V Endowment Funds. Complete in	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships									
е	Other expenditures for facilities					İ				
	and programs				<u> </u>				<u></u>	
f	Administrative expenses									
g	End of year balance .									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	ınd admınıste	ered for ti	ne organi	zation	_	
	by								Y	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	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	der	oreciation			
1a	Land							_		
b	Buildings			_40	4,000.		<u>140,2</u>	81.	<u> 263</u>	<u>,719.</u>
С	Leasehold improvements									
d	Equipment			23	2,108.		<u>160,3</u>	34.	<u>71</u>	<u>,774.</u>
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line :	10(c).)				335	<u>,493.</u>

Schedule D (Form 990) 2011

Alpha Sigma Phi Fraternity, Inc.

Schedule D (Form 990) 2011

31-4359813 Page 3

	dule D (Form 990) 2011 Alpha Sigma Phi Fraternit	y, Inc	<u> </u>	31-	<u>4359813</u>	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990	to Audite	ed Financial S	tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,984	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,679	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>,587.</u>
4	Net unrealized gains (losses) on investments		4			<u>,622.</u>
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		-8	<u>,622.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10			,965.
Par	t XII Reconciliation of Revenue per Audited Financial Stater	ments W	th Revenue p	er Retur		F 4 F
1	Total revenue, gains, and other support per audited financial statements			1	2,027	,545.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а	Net unrealized gains on investments	_2a	-8,62	22.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d	51,83		4.5	014
е	Add lines 2a through 2d			_2e	1,984	, 214.
3	Subtract line 2e from line 1			3	1,984	<u>, 331.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				^
С	Add lines 4a and 4b			4c	1 004	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		lith Evenence	5	1,984	<u>,331.</u>
Pai	rt XIII Reconciliation of Expenses per Audited Financial State	ements w	ith Expenses			E00
1	Total expenses and losses per audited financial statements			1	1,731	, 500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c	E1 0	26		
d	Other (Describe in Part XIV.)	2d	51,83		E1	026
е	Add lines 2a through 2d			2e	1,679	<u>,836.</u>
3	Subtract line 2e from line 1			3	1,6/9	<u>, /44.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				0
	Add lines 4a and 4b			4c	1,679	744
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			5	1,079	<u>, / 4 4 •</u>
		rt III. linos 1	a and 4. Part IV hi	nee 1h and	2h: Part V line	Λ· Part
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also co					4, 1 alt
Λ, ΙΙΙ Ι	e 2, Fart XI, line 6, Fart XII, lines 20 and 40, and Fart XIII, lines 20 and 40 Also Ct	nubiere mis	part to provide ar	iy additiona	a imormation.	
Pai	rt XII, Line 2d - Other Adjustments:					
<u>- 4-</u>	to mili mine su conci majusemenes.		· · · · · · · · · · · · · · · · · · ·			
Cos	st of Merchandise Sold				51	,836.
			-			
						_ _
<u>Par</u>	rt XIII, Line 2d - Other Adjustments:					
						005
Cos	st of Merchandise Sold				51	<u>,836.</u>

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011
Copen to Public Inspection

Name of the organization		•	1				Employer identification number
ALDIA SIGMA FILL FLACEIN Part General Information on Grants and Assistance	ma Pn1 Fr	arernity, inc	nc.				3T-43298L3
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	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	stance, and the select	tion
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States.	complete if the orga	anization answered "\	es" to Form 990, Part	IV, line 21, for any
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 recipier	nt received more th	ian \$5,000. Part II	can be duplicated if	additional space is nee	ded
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in the table	ne line 1 table				A A
ı							

Schedule I (Form 990) (2011)

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

31-4359813

Alpha Sigma Phi Fraternity, Inc.

Schedule I (Form 990) (2011)

Part III

132102 01-27-12

SCHEDULE O

(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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Alpha Sigma Phi Fraternity, Inc.

Employer identification number 31-4359813

Form 990, Part I, Line 1, Description of Organization Mission:
character: silence, charity, honor, purity, and patriotism.
Form 990, Part III, Line 4d, Other Program Services:
Chapter services, expansion, governance, and alumni development.
Expenses \$ 376,426. including grants of \$ 21,400. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: The fraternity president receives
and reviews a copy of the Form 990 prior to filing.
Form 990, Part VI, Section B, Line 12c: The board and fraternity president
monitor the policy and individuals' and board members' adherence to it.
All conflicts are addressed and corrections are enforced on a case-by-case
basis.
Form 990, Part VI, Section B, Line 15a: The president's salary is
determined annually in connection with a performance review performed by
the board of directors.
Form 990, Part VI, Section C, Line 19: The organization makes its
governing documents available to interested parties upon request.
Form 990, Part XI, line 5, Changes in Net Assets:
Net unrealized losses on investments: -8,622.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public Inspection OMB No 1545-0047

Employer identification number 31-4359813

Alpha Sigma Phi Fraternity, Inc.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CLVEN,	CLVEN, LLC - 27-3698375 710 Adams Street Carmel IN 46032	Consulting services	Tndlana	32 580	55 81 82	
						i
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	stions (Complete if the organization ar	nswered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	elated tax-exempt

organizations during the tax year)

(a)	(q)	(c)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	lling	controlled	(a) (a)
of related organization		foreign country)	Section	status (il section 501(c)(3))	ennry	Yes	N N
Alpha Sigma Phi Educational Foundation -	Promote education and						
14-1908351, 710 Adams Street, Carmel, IN	leadership within Alpha					_	
46032	Sigma Phi Fraternity	Indiana	501(c)(3)	Line 5			×
				_			
				_			
				-			

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

Schedule R (Form 990) 2011

24

Schedule R (Form 990) 2011 Alpha Sigma Phi Fraternity, Inc.

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

General or Percentage managing ownership				re related	(h) Percentage ownership			Schedule R (Form 990) 2011
				one or mo	(g) Share of end-of-year assets			ule R (Forr
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1055)				oecause it had		 		 Sched
(h) Disproportion- ate allocations?			_	t IV, line 34 l	(f) Share of total income			
(g) Share of cend-of-year assets				to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income				lion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related r.)	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections, 5/2-5/4)				e if the organizati	(c) Legal domicile (state or foreign country)			25
ng Pred (rel) exclud				(Complete) activity		l	
(d) Direct controlling entity				oration or Trust	(b) Primary activity			
(c) Legal domicile (state or foreign	(final)			as a Corporing the tax)				
(b) Primary activity				ganizations Taxable a	Z c			
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

٠.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Ýes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more n	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1		×
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				16	×	
f Sala of assate to related organization(s)				*		×
				: 5		×
Exchange of assets with related organization(s)				2 =		×
				F	T	×
					_	
j Lease of facilities, equipment, or other assets from related organization(s)				; =		×
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			¥		×
I Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			=	-	×
$oldsymbol{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£		×
n Sharing of paid employees with related organization(s)				5		×
Daimbi ireament noid to related organization(e) for expenses			•		×	
				2 5	×	
p neithbursethern paid by related digalikation(s) for expenses				2	4	
 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 				t +		××
If the answer to any of the above is "Yes," see the instructions for infor	who must complete t	his line, including covered i	mation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	:		ļ
(1) Alpha Sigma Phi Educational Foundation	บ	355,000.				
(2) Alpha Sigma Phi Educational Foundation	ы	29,677.				
(3) Alpha Sigma Phi Educational Foundation	0	27,799.			!	l
(4) Alpha Sigma Phi Educational Foundation	Сı	162,227.				-
(9)						
(9)						
132163 01-23-12	26		Schedule R (Form 990) 2011	R (Form	(066	2011

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

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

rship					
(k) WPercent owners	 _				
(j) General or managing partner? Yes No	 		 		
(h) (i) (j) (k) (k) Dispropor- Libration and Libration of Schedule K-1 Ves No (Form 1065) Ves No					
Disproportionate allocations?				 	
(g) Share of end-of-year assets					
(f) Share of total income		·			
Are all partners sec 501(c)(3) orgs?					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)			 i		
(b) Primary activity					
(a) Name, address, and EIN of entity					

27

Schedule R	(Form 990) 2011	Alpha	Sigma	Phi	Fraternity,	Inc.	<u>31-4359813</u>	Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation				· =		
	Complete this part to pro	vide addition	al informatio	n for res	sponses to questions or	Schedule R (see instruc	ctions)	
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