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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012

Open to Public Inspection

<u> </u>	For the	2012 calendar year, or tax year beginning JUL I, 2012 and ending	<u>JUN 30, ZUI3</u>	
В	Check if applicable	C Name of organization	D Employer identification	ation number
	Addres	ALPHA CORP OF SIGMA DELTA TAU, INC.		
F	Name Chang	Doing Business As	84-17	17089
Ē	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
一	Termir	· • • • • • • • • • • • • • • • • • • •		252-5550
	⊥lated ∐Amend Leturn		G Gross receipts \$	207,880.
Ē	Applic		H(a) is this a group ret	
	pendir	F Name and address of principal officer MARISSA GOTTFRIED	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inclu	
1	Tax-exe			st. (see instructions)
J	Websit	te: N/A	H(c) Group exemption	· ·
			ear of formation: 1941 M	
	art I	Summary		
σ.	1	Briefly describe the organization's mission or most significant activities: OWNERSHI	P AND OPERATIO	N OF A
Š		COLLEGE SORORITY HOUSE PROVIDING ROOM AND BO		
Ĭ,	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	2
رى 2	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
Activities & Governance	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	. 5	0
Viti	6	Total number of volunteers (estimate if necessary)	6	<u>2</u>
A cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u> 135.</u>
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
			Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)	53,000.	40,000.
Ę.	9	Program service revenue (Part VIII, line 2g)	162,485.	167,745.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217.	135.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	215,702.	207,880.
2013		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
7	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
V I ≥ xpenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
₩ 5	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		Total fundraising expenses (Part IX, column (D), line 25)	= 109,918.	123,079.
2	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,918.	123,079.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) and 250 1 3 0 2013	0 105,784.	84,801.
		Revenue less expenses. Subtract line 18 from line 12	Befinning of Current Year	End of Year
September 1	30	Total assets (Part X, line 16) OGDEN, UT	671,361.	750,626.
SSS SSS	51	Total liabilities (Part X, line 16)	201,831.	196,294.
W Z Z	<u>- 1</u>	Net assets or fund balances. Subtract line 21 from line 20	469,530.	554,332.
P	art II	Signature Block	107,3301	<u> </u>
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
	,	Mann day	10	/ / 2
Sig	חו	Signature of officer	Date	75
Hei		MARISSA GOTTFRIED, PRESIDENT		
		Type or print name and title	Date Check	TT DTIN
<u>.</u>		Print/Type preparer's name Preparer's signature	1,	PTIN
Pai		CAROLYN AUSTIN (and Mustin	9-23-13 self-employed	
	parer	Firm's name SCIARABBA WALKER & CO., LLP	Firm's EIN	16-1071694
Use	Only	Firm's address 200 E BUFFALO ST, SUITE 402	s. co	N7 070 FEF0
		ITHACA, NY 14850	Phone no. 6 C	7-272-5550 X Yes No
		RS discuss this return with the preparer shown above? (see instructions)		Yes No Form 990 (2012)
2320	001 12-1	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 330 (2012)

Pai	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	٦
1	Briefly describe the organization's mission:	_
	SEE BELOW	
		—
2	old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	he prior Form 990 or 990-EZ?	10
3	old the organization cease conducting, or make significant changes in how it conducts, any program services?	مام
3	f "Yes," describe these changes on Schedule O	10
4	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 are required to report the amount of grants and allocations to others, the total expenses, and	
	evenue, if any, for each program service reported	
4a	Code) (Expenses \$ including grants of \$) (Revenue \$	_)
	OWNERSHIP AND OPERATION OF A COLLEGE SORORITY HOUSE PROVIDING ROOM AND	
	BOARD FOR STUDENT MEMBERS.	
		—
		—
		_
4b	Code) (Expenses \$	_)
		—
4c	Code) (Expenses \$	_)
		—
		—
		—
		_
4d	Other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses	

	Letter was relied decoupled in contain 501/5/(2) or 4047/5/(1) (athor there a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		X
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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_		X
10	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	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	_X_	
р	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	d d la		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b_		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
a	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	110		
٠	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		**
	II 165 to line 204, the trie organization attach a copy of its addited infancial statements to this return:		000	(2012)

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Form 990 (2012) ALPHA CORP OF SIGMA DELTA TAU, INC. 84-1717089 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			3,5
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			₹.
	Schedule J	23		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			٠,,
	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	١		
	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			ļ
00	Schedule L, Part I	25b_		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			₹.
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions).	. !		
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		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	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			
-	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		х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
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		l
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

16 Enter the number reported in Box 3 of Form 1096 Enter 0-1 in ort applicable Enter the number of Forms WGS (ancluded in in et a. Enter-0-1 ort applicable) C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) with minimal property of the property of the property of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) with minimal property of the organization sell, exchange, or otherwise dispose of tangels personal property for which it was required to the organization relevance on orthoution of qualified intellectual property, did the organization file of the property of the organization file of the property of the organization file of the property of the property of the property of the property		Check if Schedule O contains a response to any question in this Part V					
1a Enter the number reported in Box 3 of Form 1096 Enter -0 info applicable 1a 3 1b 0 0 1 1 1 1 1 1 1 1						Yes	No
C Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (analysis) and complete the payments of vendors and reportable gaming (analysis) and complete the payments of vendors and reportable gaming (analysis) and complete the payments of vendors reported on Form W-3, Transmittal of Wage and Tax Statements, (and the payments of the payment	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3			
gambling) winnings to prize winners? A field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization line all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 40. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securines account, or other financial account)? 41. See instructions for filing requirements for Form TD F0022.1, Report of Foreign Bank and Financial accounts? 42. Was the organization at your to a prohibited tax shelter transaction at any time during the tax year? 53. Was the organization at your to a prohibited tax shelter transaction at any time during the tax year? 54. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization line organization that it was or is a party to a prohibited tax shelter transaction? 55. If Year, to line 6 acro 8b, did the organization life form 88687. 56. If Year, and the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles a charatable contributions. 56. If Year, did the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles a charatable contributions. 57. If Year, and the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles. 58. If Year, and the organization shall be accounted to the organization shall be accounted to the power. 59. If Year, and the organization shall be accounted to the power organization sha	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this return field for the catendar year ending with or within the year covered by this return Note. If the sum of lines ta 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 I 'Yes, 'has it filed a Form 990 T for this year' II 'No,' provide an explanation in Schedule O 3b I 'Yes, 'has it filed a Form 990 T for the year' II 'No, 'provide an explanation in Schedule O 3b I 'Yes, 'has it filed a Form 990 T for the year' II 'No, 'provide an explanation in Schedule O 3c I 'Yes, 'has it filed a form 990 T for the year' II 'No, 'provide an explanation in Schedule O 3c I 'Yes, 'has it filed a form 990 T for the year' II 'No, 'provide an explanation in Schedule O 3c I 'Yes, 'and the name of the foreign country,' ▶ 3c I 'Yes, 't onter the name of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the same of the foreign country,' ▶ 3c I in 'Yes, 't on the organization file form 8886 T?' 3c I in 'Yes, 't on the organization file form 8886 T?' 3c I in 'Yes, 't on the organization in All organization file form 8886 T?' 3c I in 'Yes, 'd of the organization in All organization file form 8896 as charitable contributions and party for goods and services provided to the payor'? 3c I' 'Yes,' did the organization in excess of \$75 made party is a contribution and party for goods and services provided to the payor'? 3c I' 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3c I' I' Yes,' 'and the organization rece	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			
field for the calendar year ending with or within the year covered by this return 2 bif at least one is reported on line 2, did the organization file all required federal employment tax returns? 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? 5b. bif Y-os, * last filed a Form 950 or for the year if II*/No, * provide an explanation in Schedulis O 5b. bif Y-os, * last filed a Form 950 or for the year if II*/No, * provide an explanation in crother financial accountly (such as a bank account, securities account, or other financial accountly (such as a bank account, securities account, or other financial accounts). 5c. If Y-os, * location than a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Y-os, * to line 5 acr 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Y-os, * to line 5 acr 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Y-os, * to line 5 acr 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Y-os, * to line 5 acr 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Y-os, * to line 5 acr 5b, did the organization hill of the second shelt of the prohibited tax shelter transaction? 5c. If Y-os, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c. If Y-os, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable to contribution or gifts were not tax deductibles and charitable of the such as a contribution or gifts were not tax deductibles and charitable of the such as a contribution or gifts are acreased to the organi		(gambling) winnings to prize winners?			1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Nobe, If the sum of lines 1a and 2a is grafter than 250, you may be required to e-file (see instructions) 3a Did the organization have univalited business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990. To fir his year? If "No," proude an explanation in Schedule O 4d At any time during the celendary 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)? 5b Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5c Was the organization have the organization that it was or is a party to a prohibited tax shelfer transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a. Does the organization molucide with every solicitation an express statement that such contributions origins were not tax deductible? 7c Organizations that may receive deductible contributions? 9c If "Yes," did the organization molucide with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization network adjusted to the form 8282? 10 Did the organization network applied to the goods or services provided? 10 Did the organization receive a payment in excess of \$75 made party is a contribution on an express part of the prohibition and party for goods and services provided to the payor. 11 Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract? 12 Did the organization receive any funds, directly or indirectly, to pay pr	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill trives, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4 At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4 bill "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for Form 970 more turning the tax year? 5 bill "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for Form 970 more turning the tax year? 5 bill "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for Form 970 more turning the tax year? 5 bill "Yes," and the organization that it was or is a party to a prohibited tax shetter transaction? 5 bill "Yes," the same of the organization that it was or is a party to a prohibited tax shetter transaction? 5 bill "Yes," the same of the organization that it was or is a party to a prohibited tax shetter transaction? 5 bill "Yes," the same of the organization that it was or is a party to a prohibited tax shetter transaction? 5 bill "Yes," the same of the organization that the organization include with every selicitation an express statement that such contributions or grits were not tax deductible as chantalse contributions? 6 bill "Yes," the organization she that may receive deductible contributions under section 170(c). 6 bill the organization that may receive deductible contributions under section 170(c). 7 bill the organization she that may receive deductible contributions under section 170(c). 8 bill "Yes," indicate the number of Forms 8282 filed during the year? 9 bill the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 bill the organization received a contribution of customition to the value of the or		filed for the calendar year ending with or within the year covered by this return	2a	0			
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Form 990 (2012) ALPHA CORP OF SIGMA DELTA TAU, INC. 84-1717089 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter 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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2			
2	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?	2		X
3	Did the organization delegate control over 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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	teri bi i energe (mis dection b requests information about policies not required by the informat nevertae code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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			
Ū	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	 -		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_x_
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
Ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	I IOD		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►NY			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılah	le	
10	for public inspection. Indicate how you made these available. Check all that apply.	. varial		
	Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
19	statements available to the public during the tax year.	u ili ial	iviai	
00	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	hon:	•	
20	SCIARABBA WALKER & CO, LLP - 607-252-5550	don.		
	200 E BUFFALO ST. TTHACA. NY 14850			

	Form 990 (2012)	ALPHA	CORP	OF'	SIGMA	DELTA	TAU,	INC.		<u>84-</u>
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organization in	or any related	orga	anıza	ation	cor	mpei	nsat	ed any current officer, o	director, or trustee.	
(A) Name and Title	(B) Average hours per week	(do box offic	not c , unle	Pos heck ss pe	C) Ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) MARISSA GOTTFRIED	1.00		i	,,						•
PRESIDENT	1.00			Х				0.	0.	0.
(2) ELAINE ARNOVITZ SECRETARY/TREASURER	1.00	ł		x				0.	0.	0.
SECRETARY TREASURER									0.	<u></u>
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C		es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h en	(D) Reportable compensation from	(E) Reportable compensatio from related	- 1	(F Estim amou oth	ated int of
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	comper from organi and re organiz	nsation the zation plated
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						<u> </u>		_					
	Sub-total								0.		0.		0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	inse	liste	i	hove	a) wi	30 f		1 000 of reportable		-	<u> </u>
	compensation from the organization	ot misited to ti		11010	, u u		-, •••		occived more than \$100				0
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y er	olan	yee.	, or	highest compensated e	mployee on	ſ	Ye	s No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch ındıvidual									-	3	X
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual			4	<u> </u>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elat	ed organization or indiv	idual for services		5	<u> x</u>
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mannested in							that received more than	¢100 000 of com		ton from	
	the organization Report compensation for		-								pense		
	(A) Name and business	address	N	NC	3				(B) Description of s	services	Co	(C) ompensa	ition
		-										_	
								_					
				•									
	Total number of independent contractors (i	ncluding but n	ot lu	mite	d to	tho	se li	stec	d above) who received n	nore than			
_	\$100,000 of compensation from the organia)					Form 99	0 (0010)
												_01111 23	♥ (∠U1∠)

232008 12-10-12

			Check if Schedule O cont	ains a response	to any question in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1	а	Federated campaigns	1a			-	· · · ·	
필		b	Membership dues	1b					
E, E			Fundraising events	1c					
# i			Related organizations	1d	40,000.				
S,E			Government grants (contribut						
io			All other contributions, gifts, gran						
돌			similar amounts not included abo						
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	3 1a-1f \$					
<u>8</u>		_	Total. Add lines 1a-1f			40,000.		<u></u>	
					Business Code				
e l	2	а	CHAPTER RENT		721310	144,570.	144,570.		
اہ ڲ		b	BUILDING FUND]	NCOME	900099	23,175.	23,175.		
Program Service Revenue		С							
eve		d							
ğ.		е							
- ₽		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		<u> </u>	167,745.			
	3		Investment income (including	dıvıdends, ıntere	est, and				
ļ			other similar amounts)		>	135.		135.	
	4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5		Royalties	· · · · · · · · · · · · · · · · · · ·	.				
				(ı) Real	(II) Personal	İ			
	6	а	Gross rents	<u> </u>			İ		
		b	Less rental expenses						
		С	Rental income or (loss)		L				
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Secunties	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis]				
			and sales expenses						
			Gain or (loss)	L					
			Net gain or (loss)		—				
nue	8	а	Gross income from fundraisin including \$						
Other Rever			contributions reported on line						
Ϋ́.			Don't IV June 40	a					
t e		ь	Less direct expenses	. b	r - ·				
0			Net income or (loss) from fund	•	•				
	1		Gross income from gaming a						
			Part IV, line 19	_					
		b	Less: direct expenses	b					
		С	Net income or (loss) from gan	ning activities .					
	10	а	Gross sales of inventory, less	returns			1		
			and allowances	. a					
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	es of inventory				<u>.</u>	<u> </u>
	Γ		Miscellaneous Revenu	ie	Business Code				
	11	а							
		b							
		С							
		d	All discourses						
		е	Total. Add lines 11a-11d		. ▶		ļ		
	12		Total revenue See instructions.		. 🕨	<u> 207,880.</u>	167,745.	135.	0.

	Check if Schedule O contains a respon				
	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				
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			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal .				
C	Accounting	4,626.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	96.			
14	Information technology				
15	Royalties				
16	Occupancy _	87,139.			
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	30,156.			
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 O.)				
	DUES	350.			
b	FIRE ALARM MONITORING	324.			
С	NYS CORPORATION TAX	250.			
d	CHAPTER	138.			
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	123,079.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.	İ			
	Check here			l l	

Part .	<u> </u>	Check if Schedule O contains a response to any question in this Part X			
		Check if Schedule O Contains a response to any question in this Part A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	34,847.	1	81,583.
	2	Savings and temporary cash investments	239,194.	2	246,406.
;	3	Pledges and grants receivable, net		3	
.	4	Accounts receivable, net		4	<u></u>
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
2000	7	Notes and loans receivable, net		7	
3 .	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1		Land, buildings, and equipment, cost or other			
	-	basis Complete Part VI of Schedule D 10a 1, 265, 256.			
	b	Less accumulated depreciation 10b 842,619.	397,320.	10c	422,637.
1	1	Investments - publicly traded secunties		11	
	2	Investments - other securities See Part IV, line 11	·	12	
1	3	Investments - program-related. See Part IV, line 11		13	-
ŀ	4	Intangible assets		14	
- 1	5	Other assets See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
	6	Total assets. Add lines 1 through 15 (must equal line 34)	671,361.	16	750,626
	7	Accounts payable and accrued expenses	175.	17	0.
- 1	8	Grants payable		18	
- 1	9	Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
۱.	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	 2	Loans and other payables to current and former officers, directors, trustees,			
2	-	key employees, highest compensated employees, and disqualified persons			
i		Complete Part II of Schedule L		22	
9	23	Secured mortgages and notes payable to unrelated third parties	150,856.	23	142,294
- 1	-3 24	Unsecured notes and loans payable to unrelated third parties	13010301	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	50,800.	25	54,000
و ا	26	Total liabilities, Add lines 17 through 25	201,831.	26	196,294
	<u> </u>	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	20270021		
,		complete lines 27 through 29, and lines 33 and 34.			
و ا	27	Unrestricted net assets		27	
	-, 28	Temporarily restricted net assets		28	_
	-0 29	Permanently restricted net assets		29	
-	-9	Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
í a	30	Capital stock or trust principal, or current funds	0.	30	0.
3	_	· · · · · · · · · · · · · · · · · · ·	0.	31	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	469,530.	32	554,332
;	32	Retained earnings, endowment, accumulated income, or other funds	469,530.	33	554,332
3	33	Total net assets or fund balances	671,361.		750,626
	<u>4</u>	Total liabilities and net assets/fund balances	0/1,301.	34	750,020

orm	990 (2012) ALPHA CORP OF SIGMA DELTA TAU, INC.	84-171	<u> 7089</u>	Pag	e 12		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,88			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0' 4,8			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	469	9,5	<u>30.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>1.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	55	<u>4,3</u>	<u>32.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII			· 1	ᆜ		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		i			
2a	· · · · · · · · · · · · · · · · · · ·	•	2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		ŀ			
	separate basis, consolidated basis, or both.			l			
	Separate basis Consolidated basis Both consolidated and separate basis			l	77		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			ı		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngie Auait		}	v		
	Act and OMB Circular A-133?		3a_		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea auait		j			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2012		
			LOUID	330 (,CU 12)		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection Employer identification number

	ALPHA CORP OF SIGMA	DELTA TAU, INC.	84-1717089
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writer	ting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	ication) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en	-	
8	Does each conservation easement reported on line 2(d) above :	satisfy the requirements of section 170(n)(4	
•	and section 170(h)(4)(B)(ii)?		Yes L No
9	include, if applicable, the text of the footnote to the organization		
		is illiancial statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections of A	Art. Historical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" to Form 99	•	
12	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		or public service, provide, in rail Am,
b	If the organization elected, as permitted under SFAS 116 (ASC		halance sheet works of art historical
_	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	salion, or recognor in rather aree of public	solvide, provide the lonewing amounts
	(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 treasi	ures, or other similar assets for financial ca	
_	the following amounts required to be reported under SFAS 116		, p 100
а	Revenues included in Form 990, Part VIII, line 1	Control of the state of the sta	> \$
b	Assets included in Form 990, Part X		S
_			· · · ————————————————————————————————

	t III Organizations Maintaining C	ORP OF SIG							17089	Page 2
3	Using the organization's acquisition, accessi	on, and other record	is, cneci	any or the	tollowing tha	it are a sig	mincant	use of its	collection i	ems
	(check all that apply).				1.					
a	Public exhibition	d			hange progra	ams				
þ	Scholarly research	е	,	Other						
C	Preservation for future generations							_		
4	Provide a description of the organization's co				-			ose in Par	t XIII.	
5	During the year, did the organization solicit o					er sımılar	assets		٦	
Do	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the	organizatio	n answered '	"Yes" to F	orm 990	, Part IV,	ine 9, or	
										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded	_	٦	
	on Form 990, Part X?			·					」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	able:						
							-	-	Amount	
C	Beginning balance			•			1c			
đ	Additions during the year						1d			
e	Distributions during the year						1e			
1	Ending balance	000 B 1371	040		••				7	
	Did the organization include an amount on F							<u> </u>	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII									
rai	t V Endowment Funds. Complete				1					
	Designing of coast belong	(a) Current year	(b) P	rior year	(c) Two year	S DACK (d) Inree y	ears back	(e) Four ye	ars back
1a	Beginning of year balance				-	<u> </u>				
D	Contributions									
C	Net investment earnings, gains, and losses				-					
a	Grants or scholarships									
е	Other expenditures for facilities				1					
_	and programs									
Ţ	Administrative expenses									
9	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	3, column (a	a)) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
0-	The percentages in lines 2a, 2b, and 2c should be a seen and a see	•		A b - l - l -						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid a	ina aaministe	rea for the	e organiz	zation	<u> </u>	
	by.								Y (es No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations		O-h - d	D0	•		•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	·						•	3b	
Par	t VI Land, Buildings, and Equipm						-			· · · · · · · · · · · · · · · · · · ·
	Description of property		<u> </u>		or other	/=\ A =		- I	(a) Darley	alus
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation		(d) Book v	aiue
	Land	Da313 (1114311			(outer)	debi	COLUMN			
1a	Land			7 7	2,578.	7	22 5	70		
b	Buildings . Leasehold improvements		+		9,548.		<u>22,5</u> 60,3		220	$\frac{0.}{218.}$
ن بہ	•				4,206.		$\frac{60,3}{50,1}$			
d	Equipment				8,924.		9,6			<u>.106.</u> .313.
<u>e</u> Total	. Add lines 1a through 1e. (Column (d) must e	. L	×				7,0	***	422	637

Schedule D	(Form 990) 2012	ALPHA	CORP	OF	SIGMA	DELTA	TAU,	INC	. 84-1717089 Pag	ge 3
	Investments -			e For						
	tion of security or categ	Ory (including name	e of security)	├	(b) Book va	alue	(c) Met	hod of v	aluation: Cost or end-of-year market value	
	al derivatives				·					
-	held equity interests	•								
(3) Other				-				-		
(A)				├						
(B) (C)				-						
(D)				†						
(E)			-							
(F)										
(G)										
(H)										
(l)										
Total. (Col. (I	o) must equal Form 990), Part X, col. (B)	line 12.) ➤	<u> </u>						
Part VIII	Investments -		elated. S	ee Fo						
	(a) Description of in	vestment type		ļ	(b) Book va	alue	(c) Met	hod of v	aluation. Cost or end-of-year market value	
(1)				<u> </u>						
(2)				├						
(3)			 	-						
(4)				-						
<u>(5)</u> (6)										—
(7)										
(8)			······································	ļ -			-		······································	
(9)				İ						
(10)										
Total. (Col. (I	o) must equal Form 990									
Part IX	Other Assets.	See Form 990,								
			(a)	Desc	ription				(b) Book value	
(1)										
(2)			· · · · · · · · · · · · · · · · · · ·							
(3)										
(4)										
(5)										
<u>(6)</u> (7)	·			·						
(8)	.									
(9)										
(10)										
	mn (b) must equal Fo	orm 990, Part X	, col (B) lin	e 15.)					
Part X	Other Liabilitie	S. See Form 9	90, Part X,	line 2	25.					
1.	(a) Do	escription of lia	bility			(b) Book val	ne		
	eral income taxes									
	CURITY DEP	OSIT					54,	000.		
(3)		·								
(4)										
(5)				-						
(6)										
(7)		*								
(8)										
(9) (10)		_								
(11)										
	mn (b) must equal Fo	orm 990. Part X	col (R) lin	e 25)	D	54	000.		•
						to the orga			I statements that reports the organization'	

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2012 ALPHA CORP OF SIGMA DELTA TAU, INC.	84-1717089 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities]
c	Recoveries of prior year grants]
d	Other (Describe in Part XIII.)]
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII)]
С	Add lines 4a and 4b	4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments]
¢	Other losses 2c]
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	ີ 2e ່
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	1
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pai	rt XIII Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1 e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization Employer identification number ALPHA CORP OF SIGMA DELTA TAU, 84-1717089 INC. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS AND ALUMNI APPROVE ACTIONS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 8A: THE ORGANIZATION DOES NOT HAVE FORMAL MEETINGS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY REVIEWS FORM 990 BEFORE SIGNING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 1. ROUNDING ADJUSTMENT