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# Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treesury

▶ Do not enter Social Security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

For the 2013 calendar year, or tax year beginning and ending Α C Name of organization D Employer identification number Check if applicable ALPHA EPSILON DELTA Address change C/O DONALD O SCHREIWEIS, PH.D. Name change 13-6095827 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 6 36 - 227-67/5 548 BRAEBRIDGE ROAD <del>20</del>40 Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-MANCHESTER, MO 63021 H(a) Is this a group return pendina F Name and address of principal officer DONALD O SCHREIWEIS PH.D Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? \_Yes No Tax exempt status X 501(c)(3) 501(c) ( 4947(a)(1) or [ )◀ (insert no.) Ĺ **」527** If "No." attach a list (see instructions) J Website > WWW.NATIONALAED.ORG H(c) Group exemption number K Form of organization X Corporation Trust Year of formation 1962 M State of legal domicile DC Association Other > Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box > \_\_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets 0 Number of voting members of the governing body (Part VI, line 1a) Ō Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 ō 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 78 0. b Net unrelated business taxable income from Form 990-T, line 34 7Ь **Pnor Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 261,885. 222,950. Program service revenue (Part VIII, line 2g) 283,945. 156,028. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 72,260. 10,034. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 618,090. 389,012. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,500. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 96,671. 77,123. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 102,993. 168,355. Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 212,616. 265,026. 18 Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 [ ] Y [ ] 353,064. 176,396.End of Year Beginning of Current Year 2,462,311. MAR 3 1 2014 2,621,870. Ó 20 Total assets (Part X, line 16) 16,837.Total liabilities (Part X, line 26) 2,445,474, 2,621,870. Net assets or fund balances Subtract line 21 from line 20 . OCULIN. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Arue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and Aliveries Asign Signature of officer DONALD O SCHREIWEIS PH.D., TREASURER f∓Here Type or print name and title PTIN Print/Type preparer's name ∯ald P00102824 KEVIN E. DECKER self-employed 43-1808888 Firm's name DECKER & ASSOCIATES PC Preparer Firm's EIN Firm's address > 955 EXECUTIVE PARKWAY VINO BZU L Phone no 314-542-9512 ST. LOUIS, MO 63141 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2013) C/O DONALD O SCHREIWEIS, PH.D. 13-6095827 Page
ar	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
ı	Briefly describe the organization's mission:
	PRE-MEDICAL FRATERNAL HONOR SOCIETY
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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?
	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 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
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$
_	SCHOLARSHIPS-GIVEN TO STUDENTS ENTERING MEDICAL SCHOOL
4b	(Code) (Expenses \$163,206 . including grants of \$32,500 . ) (Revenue \$
-	MEMBER SERVICES/MAGAZINE/NEWSLETTER-MEMBER SERVICES, ACTIVITIES, PUBLIC
	INFORMATION SPONSORED BY THE SOCIETY. THE SOCIETY ALSO PROVIDES A
	TRIANNUAL MAGAZINE CALLED THE SCALPEL THAT IS SENT TO MEMBERS FEATURING
	CURRENT EVENTS IN THE FIELD OF MEDICINE
4c	(Code) (Expenses \$
-	/ Contract
	Other program services (Describe in Schedule O.)
41	Cina program our rook (product in controlle of)
4d	(Evnence \$ Including counts of \$ ) (n
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 163,206.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<del> </del>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			.,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			U
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			x
^	Schedule D, Part III	8		
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			x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì	]
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	<u>11e</u>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١,,
	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	40		v
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		l	,,
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2012)
		rom	33U	(2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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			İ
	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 25a	24a		<u> </u>
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			
	any tax-exempt bonds?	24c		<u> </u>
	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		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ŀ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ŀ		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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	31		<del></del>
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
•	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			<del></del>
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	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?	1000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ļ	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2013)

C/O DONALD O SCHREIWEIS, PH.D.

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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," to line 3b, provide an explanation in Schedule O	3b	<u></u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ľ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	r <sup>9</sup> 7a	ļ	Х
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			١
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	1	l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	<u> </u>
Ŧ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		<del>                                     </del>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7 <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	00		
- h	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:	30	-	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	ᅱ		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	$\dashv$		
_	amounts due or received from them.)			
12a	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			
13	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	T	
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			- 000	10040

Form 990 (2013)

C/O DONALD O SCHREIWEIS, PH.D.

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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 or note to any line 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	1a	1	0			
	If there are material differences in voting rights among members of the governing body, or if the governing			$\dashv$			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
ь	Enter the number of voting members included in line 1a, above, who are independent	1ь	ļ	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	┪			
	officer, director, trustee, or key employee?		,	- 1	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision	Ì			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	as filed?	Ì	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		Ī	5		X
6	Did the organization have members or stockholders?			Ī	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	Ī			
	more members of the governing body?	•		ı	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or				
	persons other than the governing body?		·		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	ie following				***************************************
а	The governing body?	-	·		8a	x	
b	Each committee with authority to act on behalf of the governing body?			Ī	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	Γ			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code)				
			-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,	ſ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	L	11a		X
þ	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			L	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Ļ	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	esc <i>n</i> be				
	ın Schedule O how this was done			Ļ	12c		
13	Did the organization have a written whistleblower policy?			Ļ	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 approva	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			-	15a		<u>X</u>
ь	Other officers or key employees of the organization			-	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				••
_	taxable entity during the year?			-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's				
0	exempt status with respect to such arrangements?		<del></del>	[	16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE		- F04/ 1/01 ·				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion sut(c)(3)s only	y) av	vallab	le	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain	, n 0 -	hadula Ol				
10			•		. G	امام	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co statements available to the public during the tax year.	millict	or interest policy,	and	ıınan	cial	
20	State the name, physical address, and telephone number of the person who possesses the books are	nd *^-	orde of the areas	-44	oo: <b>-</b>		
	DONALD O SCHREIWEIS, PH.D 314-977-2840	160	organi	zail	JII. <b>P</b>		
	548 BRAEBRIDGE ROAD, MANCHESTER, MO 63021						

C/O DONALD O SCHREIWEIS, PH.D.

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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 or note to any line 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 (A)  Name and Title	(B) Average hours per week	age Position (do not check more than or box, unless person is both officer and a director/truste			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	Кеу епріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONALD O SCHREIWEIS PH.D. TREASURER	10.00							0.	0.	0
(2) CINDY STANFIELD PH.D.	10.00									
PRESIDENT (3) KENNETH CRAWFORD PH.D.	10.00		-					0.	0.	0
VICE PRESIDENT	10.00	_		ļ		ļ		0.	0.	0
(4) PHIL HARTMAN PH.D. SECRETARY								0.	0.	0
(5) FRANK DYER ED.D. COUNCILOR	10.00			,				0.	0.	0
							-			
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Form **990** (2013)

Form 990 (2013) C/O DONA									13-609	)58 <u>:</u>	27	Page 8
Part VII Section A. Officers, Directors, Tru		ploy	ees/	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	offi	not o	Pos check ess pe	more rson	than	th an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		Estim amou oth compe	nated int of ner
	hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	)	from organi and re organiz	the zation elated
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1b Sub-total c Total from continuation sheets to Part V	/II. Section A						<b>▶</b>	0.		).		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	·	).		0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable		1	
3 Did the organization list any former officer			e, ke	ey er	nplo	уее	, or	highest compensated e	mployee on	[	Ye	
line 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the s	um of reportab	le co						•	the organization		3	X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue compe	nsat	ion	from	any	uni			idual for services	-	4	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	le J 1	for s	uch	per	son				<u> </u>	5	<u> </u>
Complete this table for your five highest control the organization. Report compensation for the organization.		-							•	∍nsatı	ion fron	1
(A) Name and busines:	s address	N	ON	E				(B) Description of s	services	Con	(C) mpensa	ition
<del></del>												
							_					
	<del></del> -											
2 Total number of independent contractors	(including but				<b>* -</b> -		<b>n</b> t c c	d abovo) who recent	and then			
Total number of independent contractors     \$100,000 of compensation from the organ		10( 11	mile	;u 10		0	5160	abovej wilo received n	nore man		00	0 (2013)
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C/O DONALD O SCHREIWEIS, PH.D.

13-6095827 Page 9

Pa	I V	Check if Schedule O conta		or note to any line	e in this Part VIII			
		Officer in defined the October	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 8	a Federated campaigns	1a					
ള	t	b Membership dues	1b					
Am (S	•	c Fundraising events	1c		:			
F	•	d Related organizations	1d					
Si.	•	e Government grants (contribute	ons) 1e					
i Si	f	f All other contributions, gifts, grant	ts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	/e 1f					
d d	9	g Noncash contributions included in lines	1a-1f \$					
<u>2 g</u>		h Total. Add lines 1a-1f		<u> </u>			<del></del>	
		MEMBED DIEC		Business Code	222 050	222 050		
ا انو	2 8			621110	222,950.	222,950.		
le š		b						
E A		c						-
Program Service Revenue		d						
Pro	,	f All other program service reve	nue	<del></del>			•	
	'	g Total. Add lines 2a-2f	1106	<b></b>	222,950.			
	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)	,	<b>•</b>	156,028.	156,028.		
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(i) Real	(II) Personal				
	6 a	a Gross rents						
	ì	<b>b</b> Less: rental expenses						
	•	c Rental income or (loss)						
		d Net rental income or (loss)	r <del></del>	<u> </u>	······································			ļ
l	7 6	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		<u> </u>				
	•	<b>b</b> Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)	L	<b>•</b>	į			
		d Net gain or (loss)	- avanta (nat			,		
J.C	8 6	<ul> <li>a Gross income from fundraising including \$</li> </ul>	g events (not of					
) Vei		contributions reported on line						
Other Revenu		Part IV, line 18	a a					
the		b Less: direct expenses	b			`		
0		c Net income or (loss) from fund	-	<b>•</b>				1
		a Gross income from gaming ac					•••••	
		Part IV, line 19	а		· ·			
	ı	b Less: direct expenses	ь					
	,	c Net income or (loss) from garr	ing activities	<b></b>				<u> </u>
	10 8	a Gross sales of inventory, less	returns					
		and allowances	a					
	١	<b>b</b> Less: cost of goods sold	b	L				
	- '	c Net income or (loss) from sale		<b>•</b>	<del></del>			
		Miscellaneous Revenu		Business Code	10 014	10 014		
		a CONVENTION PROC	EEDS	621110	10,014.	10,014.		
		b MISCELLANEOUS		621110	20.	20.		
		d All other revenue						
	l	d All other revenue e Total. Add lines 11a-11d		<b></b>	10,034.			
	12				389,012.	389,012.	0	0.
33200		TOTAL TOTALING. SEE INSTRUCTIONS			002,012.	1 000/0120		Form <b>QQD</b> /2012\

Form 990 (2013)

## 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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 32,500. 32,500. 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,575 22,288. 22,287. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,823. 27,645. 13,822. Other employee benefits 4,903. 2,452. 2,451. 10 Payroll taxes Fees for services (non-employees): Management 24,076. 24,076. Legal 5,305. 5,305. Accounting Lobbying Professional fundraising services See Part IV, line 17 investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) Advertising and promotion 12 8,549. 4,274. 4,275. 13 Office expenses 881. 881. Information technology 14 15 Royalties 540 540 16 Occupancy 7,781 5,835 1,946 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,676. 2,676. 23 Other expenses Itemize expenses not covered 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 O) 46,468. 46,468. PRINTING AND PUBLICATIO 3,395. CONVENTION EXPENSE 3,395. 2,790. POSTAGE ,790 d TELEPHONE 514 514 18. 18. e All other expenses 163,206. 49,410. 212,616. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2013)

C/O DONALD O SCHREIWEIS, PH.D. 13-6095827 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 100,355. 65,094. 1 Cash - non-interest-bearing 122,577. 141,353. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 1,093. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 31,661. basis. Complete Part VI of Schedule D 10a 31,661. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,239,379. 2,414,330. 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 2,462,311. 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,621,870. 16 16,837. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 16,837. 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 2,445,474. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 2,621,870. Form 990 (2013)

2,621,870.

0.

2,445,474.

2,462,311.

32

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

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Act and OMB Circular A-133?

## SCHEDULE'A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALPHA EPSILON DELTA **Employer identification number** C/O DONALD O SCHREIWEIS, PH.D. 13-6095827 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions.

rgani	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check of							
					.,	only one b	ox.)					
	A church, cor	nvention of churches	s, or association of churc	hes descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	nedule E.)								
	A hospital or	a cooperative hospr	tal service organization o	lescribed ı	n section	170(b)(1)(	A)(iii).					
	A medical res	earch organization of	operated in conjunction v	with a hosp	ortal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	s nam	e,
	city, and state	e:							_			
	An organization	on operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unr	describ	ed in		
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)									
	A federal, sta	te, or local governm	ent or governmental unit	described	l in section	n 170(b)(1	)(A)(v).					
	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	genera!	public desci	nbed i	n
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	X	A school desi A hospital or A medical res city, and state An organizate section 170( A federal, sta An organizate section 170( A community An organizate activities relate income and uses section An organizate An organizate more publicly describes the a Type I By checking to foundation me If the organizate supporting or Since August (i) A persor the gove (ii) A family (iii) A 35% of Provide the foundation me Provide the foundation me If the organizate Income and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use section is a proper to the gove and use s	A school described in section 17  A hospital or a cooperative hospital or a city, and state:  An organization operated for the section 170(b)(1)(A)(iv). 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(X)  An organization that normally receives: (1) more than 33 1 activities related to its exempt functions - subject to certal income and unrelated business taxable income (less sect See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test An organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complete a Type I b Type II c Type II c Type II b Type II c Type II b Type II c Type	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in the A medical research organization operated in conjunction with a hospicity, and state:  An organization operated for the benefit of a college or university over section 170(b)(1)(A)(iv). (Complete Part II.)  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A hospital or a cooperative hospital service organization described in section  A medical research organization operated in conjunction with a hospital descricity, and state:  An organization operated for the benefit of a college or university owned or operated in 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from a section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(1) or section describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III • Functionally II Functi	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(1)(1). A medical research organization operated in conjunction with a hospital described in sective, and state:  An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contril activities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the fur more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III - Functionally integrated By checking this box, i certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations described in governing organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any (i) A person who directly or indirectly controls, either alone or together with persons of the governing body of the supported organization?  (ii) A family member of a person described in (i) above?	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(city, and state:  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit o section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, meativities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1 income and unrelated business taxable income (less section 511 tax) from businesses acquired by See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4)  An organization organized and operated exclusively for the benefit of, to perform the functions of, more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec describes the type of supporting organization and complete lines 11e through 11h.  a	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organized section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h.  a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enteriority, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describ section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Chedescribes the type of supporting organization and complete lines 11e through 11h.  a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross recativities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 197 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a

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Schedule A (Form 990 or 990-EZ) 2013

3 The value of services or facilities furnished by a governmental unit to

Schedule A (Form 990 or 990-EZ) 2013						Page
Part II Support Schedule						
(Complete only if you che fails to qualify under the				in railed to quality	under Part III. If the	e organization
Section A. Public Support						-
alendar year (or fiscal year beginning in	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do n include any "unusual grants.")</li> </ol>	ot					
2 Tax revenues levied for the organization's benefit and either paid to	1					

## the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4

e	ction B. Total Support						
alı	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
t O	Other income. Do not include gain		1				
	or loss from the sale of capital			,			
	assets (Explain in Part IV.)					, , , , , , , , , , , , , , , , , , , ,	
11	Total support. Add lines 7 through 10						

Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	organization, check this box and stop							<u> </u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3	)	
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12		
11	Total support. Add lines 7 through 10						1	
	assets (Explain in Part IV.)							

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14			9
15	Public support percentage from 2012 Schedule A, Part II, line 14	15			9
6a	33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box and	_	
	stop here. The organization qualifies as a publicly supported organization			▶[	
b	33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box		
	and stop here. The organization qualifies as a publicly supported organization			▶[	
17a	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, a	ınd lır	ne 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t IV h	ow the organization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			▶[	

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

## Schedule A (Form 990 or 990-EZ) 2013 C/O DONALD O SCHREIWEIS, PH.D.

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

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

<u></u>	qualify under the tests listed b	elow, please comp	olete Part II.)			<del></del> -		
	ction A. Public Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	004 750	047 570	050 105	261 205	000 050	1107040	
	include any "unusual grants.")	204,759.	24/,5/0.	250,185.	261,885.	222,950.	1187349.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			5,759.			5,759.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities	!						
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	204,759.	247,570.	255,944.	261,885.	222,950.	1193108.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
,	Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6)				. ,		1193108.	
	etion B. Total Support				L.,	,	1133100.	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	/n Total	
	Amounts from line 6	204,759.	247,570.	255,944.	261,885.	222,950.	(f) Total 1193108.	
	Gross income from interest,	2017,000	217,000	233,3111	201,003.	222/3301	1173100.	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	50,227.	47,892.	52,625.	75,895.	156,028.	382,667.	
t	Unrelated business taxable income			-				
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
,	Add lines 10a and 10b	50,227.	47,892.	52,625.	75,895.	156,028.	382,667.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·	•		·	•	•	
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV.)	9,802.	90,486.	7,010.			189,592.	
13	Total support. (Add lines 9, 10c, 11, and 12)	264,788.	385,948.	315,579.	410,040.	389,012.	1765367.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						▶□	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2013 (			column (f))		15	67.58 %	
16			•	.,, .		16	64.39 %	
	ction D. Computation of Inve							
17				ne 13. column (fl)		17	21.68 %	
18	Investment income percentage from	•	••	10 10, 001011111 (1))	•	18	16.83 %	
	33 1/3% support tests - 2013. If the			on line 14, and line	a 15 is more than 3	· · · · · · · · · · · · · · · · · · ·		
	more than 33 1/3%, check this box a	-					► X	
	b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anızatıon qualifies	as a publicly supp	orted organization	▶ □	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions		

art IV	(Form 990 or 990-EZ) 2013 C/O DONALD O SCHREIWEIS, PH.D. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	13-6095827 Pa
4.	Supplemental information. Provide the explanations required by Part II, line 17	a or 175; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
		·

### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ALPHA EPSILON DELTA

C/O DONALD O SCHREIWEIS, PH.D.

**Employer identification number** 13-6095827

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 t	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	
	impermissible private benefit?	r dener danier, er ier din, etner parpees sen	Yes No
Par		panization answered "Yes" to Form 990. Part	10 10 10 10 10 10 10 10 10 10 10 10 10 1
1	Purpose(s) of conservation easements held by the organizati	•	
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		· motorio diractoro
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		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
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	· ·	
ŭ	listed in the National Register	arter of 17700, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the ord	
•	year	ioacoa, extinguismos, or terminated by the ort	gamzation doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in	· '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		. — —
7	Amount of expenses incurred in monitoring, inspecting, and	-	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above		<del></del>
•	and section 170(h)(4)(B)(ii)?	reconstruction of contain 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	<del></del>
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		<b>g</b>
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ь	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art. historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial oa	
_	the following amounts required to be reported under SFAS 1	•	
а	Revenues included in Form 990, Part VIII, line 1	4	<b>▶</b> s
ь	Assets included in Form 990, Part X	•	> \$
-	,,,		

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Schedule D (Form 990) 2013

		ALD O SCHR							<u>95827</u>	
Pa	<b>t削 Organizations Maintaining C</b>	ollections of A	rt, Hist	orical T	reasures, c	or Other	Simil	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	e following tha	t are a sig	nıficant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition		d 🗀 i	_oan or ex	change progra	ams				
b	Scholarly research		e 🗀 (	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further	the organization	on's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal tre	asures, or oth	er simılar a	assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organızatı	on answered '	'Yes' to F	orm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for d	contributio	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
									Amount	
C	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 F	orm 990, Part X, line	€21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has bee	n provided in i	Part XIII				
Pa	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to F	orm 990, Part	IV, line 10				
		(a) Current year	<b>(b)</b> Pi	nor year_	(c) Two year	rs back (c	<b>1)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		1							
	and programs				-					
f	Administrative expenses			_						
9	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1ç	g, column (	(a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held	and administe	red for the	organiz	zation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pa	<u>t VI</u> ] Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	0, Part IV,	line 11a.	See Form 990	, Part X, Iır	ne 10.			
	Description of property	(a) Cost or o			at or other	(c) Acc	cumulate	ed	(d) Book v	/alue
		basis (investi	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment .				31,661.		31,6	61.		0.
_ е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Pan	t X. colun	nn (B), line	10(c).)					0.

Schedule D (Form 990) 2013

AUFIIA EFOIL			
	O SCHREIWEIS,	PH.D.	13-6095827 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MARKETABLE EQUITY			
(B) SECURITIES	7,670.		
(C) MUTUAL FUNDS	2,406,660.	COST	
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,414,330.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value		valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
	-		
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>•</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Forr	n 990. Part X. line 25.
1. (a) Description of liability		(b) Book value	T
(1) Federal income taxes		· ·	1
(2)			1
(3)			1
(4)	<del></del>		1
(5)			1
(6)			1
(7)			-
			4

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, Iir		iao poi fiotaliii	
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		2a		
b	Donated services and use of facilities	2b		
c	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, Irr	ne 12a.		
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:	1 1		
a		2a		
Ь	Prior year adjustments	2b		
C		_2c		
d	,	2d		
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4 . 1		
a		4a		
b	(,	4b		
С	Add lines 4a and 4b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1		4c 5	
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 1  rt XIII Supplemental Information.	8.)	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 1  rt XIII Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
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Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. PH.D. C/O DONALD O SCHREIWEIS, ALPHA EPSILON DELTA Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

OMB No 1545-0047	2013

Open to Public

13-6095827

Inspection

ž (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section rf applicable Part 1 General Information on Grants and Assistance (P) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

21

C/O DONALD O SCHREIWEIS, PH.D.

Page 2

13-6095827

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)
Part III Grants and Other

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance °. ö (c) Amount of cash grant 22 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIP 332102 10-29-13

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

Department of the Treasury

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.

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OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ALPHA EPSILON DELTA

Employer identification number

C/O DONALD O SCHREIWEIS, PH.D.	13-0093827
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
FRATERNAL HONOR SOCIETYPRE-MEDICAL	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD N	MEMBERS FOR
APPROVAL BEFORE FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: BY REQUEST	
······································	
	<del></del>