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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

2013

Department of the Treasury
Internal Revenue Service



A For the 2013 calendar year, or tax year beginning Jun 1, 2013, and ending May 31, 2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending.
C Name of organization: ALPHA SIGMA ALPHA ALUMNI ASSN. INC
Doing Business As:
Number and street (or P O box if mail is not delivered to street address): 1145 E CHERRY STREET
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: SPRINGFIELD MO 65807-1550
D Employer Identification Number: 44-0626476
E Telephone number: (417) 862-7189
F Name and address of principal officer: ROSE MARIE FELLIN 616 S KICKAPOO SPRINGFIELD MO 65804
G Gross receipts \$ 383,155.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list (see instructions) Yes No

I Tax-exempt status: 501(c)(3) X 501(c) ( 7 ) (insert no) 4947(a)(1) or 527
J Website: N/A
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1973
M State of legal domicile: MO

K Form of organization: X Corporation Trust Association Other
L Year of formation: 1973
M State of legal domicile: MO

Summary

1 Briefly describe the organization's mission or most significant activities: HOUSING AND MEALS FOR MEMBERS ATTENDING MISSOURI STATE UNIVERSITY.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 7
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5
6 Total number of volunteers (estimate if necessary) 6 25
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22. Revenue: 8 Contributions and grants (60,050 / 44,400), 9 Program service revenue, 10 Investment income (160 / 21), 11 Other revenue (337,832 / 338,734), 12 Total revenue (398,042 / 383,155). Expenses: 13 Grants and similar amounts paid (200 / 400), 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (60,971 / 69,322), 16a Professional fundraising fees, 16b Total fundraising expenses (0), 17 Other expenses (215,068 / 218,583), 18 Total expenses (276,239 / 288,305), 19 Revenue less expenses (121,803 / 94,850). Net Assets or Fund Balances: 20 Total assets (1,630,938 / 1,688,838), 21 Total liabilities (214,087 / 177,137), 22 Net assets or fund balances (1,416,851 / 1,511,701). Includes IRS-OSD stamp: RECEIVED JUL 03 2014 CORDEN, UT

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Deborah H. Clary, Date: 6-26-14
Type or print name and title: Deborah H. Clary - Housing Corp. Treasurer

Paid Preparer Use Only: Print/Type preparer's name: SHEILA D ROGERS, Preparer's signature: SHEILA D ROGERS, Date: 06/25/14, Check self-employed: X, PTIN: P01453375, Firm's name: Rogers & Co., P.C., Firm's address: 805 W. Battlefield Springfield MO 65807, Firm's EIN: 43-1594933, Phone no.: (417) 882-0752

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Handwritten mark '4p'

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

HOUSING AND MEALS FOR MEMBERS ATTENDING MISSOURI STATE UNIVERSITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 288,305. including grants of \$ ) (Revenue \$ 383,155. ) PROVIDING ROOMS, PARKING AND HOUSING FOR SORORITY MEMBERS.

4 b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 288,305.

**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)? <i>If 'Yes,' complete Schedule A.</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		
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? <i>If 'Yes,' complete Schedule C, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		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? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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 organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> . . . . .		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i> . . . . .		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? <i>If 'Yes,' complete Schedule J</i> . . . . .		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . .		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .		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? <i>If 'Yes,' complete Schedule L, Part III</i> . . . . .		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> . . . . .		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? <i>If 'Yes,' complete Schedule R, Part I</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .		
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? <i>If 'Yes,' complete Schedule R, Part VI</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part 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 [X]

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

**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**

**1 a** 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBBIE PRESTON PRESIDENT	2.00	X						0.	0.	0.
(2) DEBBIE CLARY TREASURER	2.00	X						0.	0.	0.
(3) MARY BOYER SECRETARY	2.00	X						0.	0.	0.
(4) LAHNA MUELLER DIRECTOR	1.00	X						0.	0.	0.
(5) KIM HORTON DIRECTOR	1.00	X						0.	0.	0.
(6) TINA STILLWELL DIRECTOR	1.00	X						0.	0.	0.
(7) -----	-----									
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b	44,400.			
	c Fundraising events . . . . .	1 c				
	d Related organizations . . . . .	1 d				
	e Government grants (contributions) . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f . . . . .</b>		<b>44,400.</b>			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . .					
<b>g Total. Add lines 2a-2f . . . . .</b>						
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .		21.	21.	0.	0.
	4 Income from investment of tax-exempt bond proceeds . . .					
	5 Royalties . . . . .					
	6 a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . . . . .	335,734.			
	d Net rental income or (loss) . . . . .		335,734.	335,734.	0.	0.
	7 a Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	a				
		b Less: direct expenses . . . . .	b			
c Net income or (loss) from fundraising events . . . . .						
9 a Gross income from gaming activities. See Part IV, line 19. . . . .	a					
	b Less: direct expenses . . . . .	b				
	c Net income or (loss) from gaming activities . . . . .					
10 a Gross sales of inventory, less returns and allowances . . . . .	a					
	b Less: cost of goods sold . . . . .	b				
	c Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue . . . . .		3,000.	3,000.	0.	0.	
<b>e Total. Add lines 11a-11d . . . . .</b>		<b>3,000.</b>				
<b>12 Total revenue. See instructions . . . . .</b>		<b>383,155.</b>	<b>338,755.</b>	<b>0.</b>	<b>0.</b>	

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, 7b, 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 . . . . .	400.	400.		
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. . . . .	62,890.	62,890.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	6,432.	6,432.	0.	0.
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	2,125.	2,125.	0.	0.
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	57,258.	57,258.	0.	0.
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	8,354.	8,354.	0.	0.
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	59,560.	59,560.	0.	0.
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.) . . . . .				
a	BANK CHARGES & CC . . . . .	10,082.	10,082.	0.	0.
b	DUES & SUBSCRIPTIONS . . . . .	3,077.	3,077.	0.	0.
c	INSURANCE . . . . .	9,764.	9,764.	0.	0.
d	PROFESSIONAL FEES . . . . .	25.	25.	0.	0.
e	All other expenses . . . . .	68,338.	68,338.	0.	0.
25	Total functional expenses. Add lines 1 through 24e. . . . .	288,305.	288,305.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash – non-interest-bearing . . . . .	329,288.	1	428,624.	
	2	Savings and temporary cash investments . . . . .		2		
	3	Pledges and grants receivable, net . . . . .		3		
	4	Accounts receivable, net . . . . .		4		
	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 instructions). Complete Part II of Schedule L . . . . .		6		
	7	Notes and loans receivable, net . . . . .		7		
	8	Inventories for sale or use . . . . .		8		
	9	Prepaid expenses and deferred charges . . . . .		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 2,329,379.			
	10b	Less: accumulated depreciation . . . . .	10b 1,069,165.	1,301,650.	10c 1,260,214.	
	11	Investments – publicly traded securities . . . . .		11		
	12	Investments – other securities. See Part IV, line 11 . . . . .		12		
	13	Investments – program-related. See Part IV, line 11 . . . . .		13		
	14	Intangible assets . . . . .		14		
	15	Other assets. See Part IV, line 11 . . . . .		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,630,938.	16 1,688,838.		
LIABILITIES	17	Accounts payable and accrued expenses . . . . .	1,340.	17 2,018.		
	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		
	22	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 . . . . .	212,747.	23 175,119.		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		214,087.	26 177,137.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .	1,416,851.	27 1,511,701.		
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32		
	33	<b>Total net assets or fund balances.</b> . . . . .	1,416,851.	33 1,511,701.		
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	1,630,938.	34 1,688,838.		

BAA

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	383,155.
2	Total expenses (must equal Part IX, column (A), line 25)	2	288,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	94,850.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,416,851.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,511,701.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b	Were the organization's financial statements audited by an independent accountant?		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 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		

BAA

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

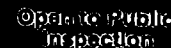
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**



**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ALPHA SIGMA ALPHA ALUMNI ASSN. INC</b>	Employer identification number <b>44-0626476</b>
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**Part I Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- Political expenditures . . . . . \$ NA
- Volunteer hours . . . . .

**Part II Complete if the organization is exempt under section 501(c)(3).**

- Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ NA
- Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- Was a correction made? . . . . .  Yes  No
  - If 'Yes,' describe in Part IV.

**Part III Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ NA
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) <u>NA</u>	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .
- c** Total lobbying expenditures (add lines 1a and 1b) . . . . .
- d** Other exempt purpose expenditures . . . . .
- e** Total exempt purpose expenditures (add lines 1c and 1d). . . . .
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns . . . . .

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) . . . . .
- h** Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .
- i** Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2 a</b> Lobbying non-taxable amount . . . . .					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) . . . . .					
<b>c</b> Total lobbying expenditures . . . . .					
<b>d</b> Grassroots nontaxable amount . . . . .					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) . . . . .					
<b>f</b> Grassroots lobbying expenditures . . . . .					

BAA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If 'Yes,' enter the amount of any tax incurred under section 4912; 2c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Pt I-A Line 1 THE ORGANIZATION DOES NOT PARTICIPATE IN POLITICS

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

MDI

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12) . . . ▶		

**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 type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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 O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

ALPHA SIGMA APLHA ALUMNI ASSN. INC

44-0626476

Pt III, Line 2 There was no change in activity.

Pt III, Line 3 No activity was dropped.

Pt V, Line 3b No unrelated business income

Pt V, Line 13a The organization does not provide any qualified health plans

Pt V, Line 14b Not applicable

Pt VI, Line 1a There are seven members of the board of directors

Pt VI, Line 2 No

Pt VI, Line 3 No management company used.

Pt VI, Line 4 No changes made.

Pt VI, Line 5 No assets were diverted for any purpose.

Pt VI, Line 6 There are no members or stockholders. Sorority operates a residence for students.

Pt VI, Line 7a NO

Pt VI, Line 7b Decisions of governing board are final.

Pt VI, Line 8a Minutes were taken and maintained properly.

Pt VI, Line 8b Minutes were maintained in all cases.

Pt VI, Line 10b No branches.

Pt VI, Line 11a Yes, all members reviewed the return.

Pt VI, Line 12c Conflict of interest policies are monitored consistently.

Pt VI, Line 15 None of the Directors receives compensation. Cooks and housekeepers are the only employees. These individuals do not hold board positions.

Pt VI, Line 18 Forms are available on request.

Pt VII, Col (E) No compensation to directors

Pt VII, Col (F) No other compensation from the organization.

Pt XI Reconciliation of Net Assets is complete, no adjustments.

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **179**

Name(s) shown on return

Identifying number

**Alpha Sigma Alpha Alumni Association Inc**

**44-0626476**

Business or activity to which this form relates

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter 0-	4	0.
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	500,000.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	57,967.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	

**Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		18,126.	7 yr	MQ	DDB	1,593.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	59,560.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense complete **only** 24a, 24b columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

<b>24 a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24 b</b> If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
<b>27</b> Property used 50% or less in a qualified business use								
							SL/	
							SL/	
							SL/	
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2013 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2013 tax year					
<b>44 Total.</b> Add amounts in column (f) See the instructions for where to report					<b>44</b>

**Alpha Sigma Alpha Alumni Association Inc**  
 Form 4562 - Supporting Schedules  
 Period Ended 5/31/14 - Federal ID # 44-0626476

**Part III, Line 17 - Prior Year's MACRS Assets**

Description	Acq. Date	Basis	Life	Method	Deduction
Building-Cherry	06/01/95	1,782,181	39 yr	SL	45,697
Furniture	06/30/08	5,507	7 yr	DDB	491
Cart	06/30/08	641	7 yr	DDB	57
Vacum	03/31/09	459	7 yr	DDB	41
Springfield Mattress	08/01/09	1,375	5 yr	DDB	158
Nesbit Construction	08/25/09	13,736	39 yr	SL	352
Gold Mechanical	10/31/09	69,996	39 yr	SL	1,795
Gold Mechanical-Broiler	03/01/10	18,751	39 yr	SL	481
Buddy Webb/Architect	12/14/11	10,636	39 yr	SL	273
Nesbit Const-Remodel Bath	01/10/12	224,256	39 yr	SL	5,750
F & F -T V /Mattress	05/23/12	1,435	7 yr	DDB	251
Drinking Fountain	07/29/12	865	7 yr	DDB	212
Garbage Disposal	09/10/12	3,361	7 yr	DDB	823
Stove	01/01/13	731	7 yr	DDB	179
Zickel Flooring	07/29/12	11,210	39 yr	SL	287
Frantz Cement Finishing	08/29/12	14,160	39 yr	SL	363
Best Refg	03/31/13	3,093	7 yr	DDB	757
Total		<u>2,162,393</u>			<u>57,967</u>

**Part III, Line 19c - Seven Year Property**

Description	Acq. Date	Basis	Life	Method	Deduction
Zinkle Flooring Carpet	04/14/14	8,299	7 yr	DDB	296
Washer/Dryer	07/16/13	1,705	7 yr	DDB	426
160 Chairs	12/16/13	3,607	7 yr	DDB	387
Mary Boyer Furniture	01/30/14	4,515	7 yr	DDB	484
Total		<u>18,126</u>			<u>1,593</u>

**Alpha Sigma Alpha Alumni Association Inc**  
Alternative Minimum Tax/Tax Preferences - Supporting Schedules  
Period Ended 5/31/14 - Federal ID #: 44-0626476

**Depreciation of Property placed in service after 1986**

Description	Acq. Date	Reg. Depr.	AMTI Depr.	Adjustment
Building-Cherry	06/01/95	45,697	44,555	1,142
Furniture	06/30/08	491	675	-184
Cart	06/30/08	57	78	-21
Vacum	03/31/09	41	56	-15
Springfield Mattress	08/01/09	158	229	-71
Nesbit Construction	08/25/09	352	343	9
Gold Mechanical	10/31/09	1,795	1,750	45
Gold Mechanical-Broiler	03/01/10	481	469	12
Buddy Webb/Architect	12/14/11	273	266	7
Nesbit Const-Remodel Bath	01/10/12	5,750	5,606	144
F & F -T V /Mattress	05/23/12	251	216	35
Drinking Fountain	07/29/12	212	165	47
Garbage Disposal	09/10/12	823	643	180
Stove	01/01/13	179	140	39
Zickel Flooring	07/29/12	287	280	7
Frantz Cement Finishing	08/29/12	363	354	9
Best Refg	03/31/13	757	592	165
Zinkle Flooring Carpet	04/14/14	296	222	74
Washer/Dryer	07/16/13	426	320	106
160 Chairs	12/16/13	387	290	97
Mary Boyer Furniture	01/30/14	484	363	121
Total		59,560	57,612	1,948

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OFFICE EXPENSE	951.	951.	0.	0.
POSTAGE	43.	43.	0.	0.
SECURITY	784.	784.	0.	0.
SMALLWARES	118.	118.	0.	0.
SUPPLIES	2,345.	2,345.	0.	0.
PROPERTY TAX	10,201.	10,201.	0.	0.
TELEPHONE	1,480.	1,480.	0.	0.
COST OF FOOD	48,941.	48,941.	0.	0.
REFUNDS	3,475.	3,475.	0.	0.

**Supporting Statement of:**

Form 990 p 10/Line 16 col (A)

Description	Amount
REPAIRS & MAINTENANCE	26,810.
TRASH SERVICE	1,182.
UTILITIES	29,266.
<b>Total</b>	<b>57,258.</b>

Form 990 p 7: Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (list hrs for related orgs below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1 - Indiv trustee or dir	C2 - Institutional trustee	C3 - Officer	C4 - Key employee	C5 - Highest compensated employee	C6 - Former			
(1) <u>DEBBIE PRESTON</u> <u>PRESIDENT</u>	<input type="checkbox"/>	<u>2.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(2) <u>DEBBIE CLARY</u> <u>TREASURER</u>	<input type="checkbox"/>	<u>2.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(3) <u>MARY BOYER</u> <u>SECRETARY</u>	<input type="checkbox"/>	<u>2.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(4) <u>LAHNA MUELLER</u> <u>DIRECTOR</u>	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(5) <u>KIM HORTON</u> <u>DIRECTOR</u>	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) <u>TINA STILLWELL</u> <u>DIRECTOR</u>	<input type="checkbox"/>	<u>1.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(7) -----	<input type="checkbox"/>	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8) -----	<input type="checkbox"/>	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(9) -----	<input type="checkbox"/>	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(10) -----	<input type="checkbox"/>	----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Form 990 p 9: Part VIII Statement of Revenue

**Line 11d - All Other Revenue Smart Worksheet**

The total of the following items carry to line 11d below:

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PARKING FEES	250.	250.	0.	0.
ROOM CLEANING FEES	2,750.	2,750.	0.	0.

Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**

To enter assets, **QuickZoom** to Asset Entry Worksheet. . . . . ➔

To view a calculated report of all depreciation information for Form 990,  
**QuickZoom** to the Depreciation/Amortization Report . . . . . ➔

**QuickZoom** to Form 4562 for Form 990 . . . . . ➔

The following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b> Depreciation . . . . .	59,560.	59,560.	0.	0.
<b>B</b> Depletion . . . . .				
<b>C</b> Amortization . . . . .				



Sch C, page 4 (Copy No. 1): Supplemental Information

**Supplemental Information Smart Worksheet**

Description of this copy of Schedule C, page 4. . . . Copy No. 1

**QuickZoom** here to another copy of Schedule C, page 4. . . . . 

Schedule O: Supplemental Information to Form 990

Supplemental Information Smart Worksheet

QuickZoom here to Schedule O, page 2 . . . . . →

Specific Information for Form 990-EZ, Parts I, II, III and V

Note: The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

- Form 990-EZ, Part I, Line 8 QuickZoom to Part I, Line 8 . . . . . ▶ \_\_\_\_\_
Form 990-EZ, Part I, Line 10 QuickZoom to Part I, Line 10 . . . . . ▶ \_\_\_\_\_
Form 990-EZ, Part I, Line 16 QuickZoom to Part I, Line 16 . . . . . ▶ \_\_\_\_\_
Form 990-EZ, Part I, Line 20 QuickZoom to Part I, Line 20 . . . . . ▶ \_\_\_\_\_
Form 990-EZ, Part II, Line 24 QuickZoom to Part II, Line 24 . . . . . ▶ \_\_\_\_\_
Form 990-EZ, Part II, Line 26 QuickZoom to Part II, Line 26 . . . . . ▶ \_\_\_\_\_

Note: Enter information specific to any of the following lines below:

- Form 990-EZ, Part III, Line 31 (Description of other program services)
Form 990-EZ, Part IV (Officer, Directors, Trustees, Key Employees additional information)
Form 990-EZ, Part V, Personal Benefit Contract(s)
Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
Form 990-EZ, Part V, Line 35b (Why organization did not report unrelated business income)
Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)
Form 990-EZ, Part VI, Line 50 or Line 51 (HCE and Independent Contractors)

Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII

Note: The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

- Form 990, Page 2, Part III, Line 4d QuickZoom to Part III, Line 4d . ▶ \_\_\_\_\_
Form 990, Page 6, Part VI, Section A, Line 9 QuickZoom to Part VI, Line 9 . . ▶ \_\_\_\_\_
Form 990, Page 6, Part VI, Section C, Line 17 QuickZoom to Part VI, Line 17 . . ▶ \_\_\_\_\_
Form 990, Page 10, Part IX, Line 11g QuickZoom to Line 11g Stmt . . ▶ \_\_\_\_\_
Form 990, Page 10, Part IX, Line 24e QuickZoom to Line 24e Stmt . . ▶ \_\_\_\_\_

Note: Enter information specific to any of the following below:

- Form 990, Page 2, Part III, Line 2, or Line 3.
Form 990, Page 5, Part V, Line 3b, 13a or 14b
Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
Form 990, Page 6, Part VI, Section B, Lines 10b, 11b, 12c, 15a, or 15b
Form 990, Page 6, Part VI, Section C, Line 18, or 19
Form 990, Page 7, Part VII, Column (E) or Column (F)
Form 990, Page 9, Part VIII
Form 990, Page 11, Part X
Form 990, Page 12, Part XI
Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Table with 2 columns: Line Number and Explanation. Contains pre-filled entries such as 'Pt III, Line 2 There was no change in activity.' and 'Pt V, Line 3b No unrelated business income'.

Note: Enter the line number and explanation for lines not mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

Table with 2 columns: Line Number and Explanation. Contains empty rows for user input.

Schedule 0, Page 1

**Supplemental Information Smart Worksheet**

<b>Line Number</b>	<b>Explanation</b>
Pt VI, Line 8b	Minutes were maintained in all cases.
Pt VI, Line 10b	No branches.
Pt VI, Line 11a	Yes, all members reviewed the return.
Pt VI, Line 12c	Conflict of interest policies are monitored consistently.
Pt VI, Line 15	None of the Directors receives compensation. Cooks and housekeepers are the only employees. These individuals do not hold board positions.
Pt VI, Line 18	Forms are available on request.
Pt VII, Col (E)	No compensation to directors
Pt VII, Col (F)	No other compensation from the organization.
Pt XI	Reconciliation of Net Assets is complete, no adjustments.