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201507

 $_{\text{Form}}$ 990

EXTENDED TO MARCH 15, 2016 2015 Comparing the Internal Revenue Code (except private foundations)

Departn	nent	of th	e Ire	asur
Internal	Rev	eune	Sen	nce

▶ 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.

Α	For the	2014 calendar year, or tax year beginning AUG 1, 2014 and	ending J	UL 31, 201	5				
В	Check if applicable	EPSILON SIGMA ALPHA INTERNATIONAL		D Employer identi	fication number				
Ĺ	Addres	COUNCIL							
Ļ	Name change Initial			23-	7394928				
	Ireturn Final return/	Number and street (or P.O. box if mail is not delivered to street address) 363 W. DRAKE	Room/surte	E Telephone numb	0)223-2824				
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,862,159.				
Ļ	Amend	FORT COMMINS, CO 80320		H(a) Is this a group	return				
L	Applica tion pendin	F Name and address of principal officer. VICKIE FARKIS		for subordinate					
_		SAME AS C ABOVE		H(b) Are all subordinates	included? X Yes No				
		mpt status: 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(1) c		d '	a list. (see instructions)				
		WWW.EPSILONSIGMAALPHA.ORG/ABOUT/IC-COU			on number ▶ 2557				
		organization: X Corporation Trust Association Other	L Year	of formation: 1971	M State of legal domicile; CO				
<u>, P</u>	7	Summary	3 M T () 3 T 3	T AND DUTT	NIMITO DE LA				
Governance	1 2	ACTIVITIES OF COMBINED CHAPTERS.		L AND PHILA					
Ę	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	11				
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	-AA1	1	11				
Activities &	1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	$K \cup V$	5	0 0000				
Š	1	Total number of volunteers (estimate if necessary)	10.	2011 6	8000				
Ac		otal unrelated business revenue from Part VIII, column (C), line 12	(1.14)	<u> </u>	<u> </u>				
	Ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b					
	ر ا	Destablished and annual (Destablished A)	-	Prior Year 0 .	Current Year				
Revenue	8 (Contributions and grants (Part VIII, line 1h)	 	4,327,144.	4,588,215.				
Ϋ́	9 F	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	· · -	0.	0.				
æ	10	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• •	185,438.	1				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	4,512,582.					
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,433,840.	3,635,767.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	• -	0.	0.				
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.				
nse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25)	0.						
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,029,920.	1,201,738.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,463,760.	4,837,505.				
		Revenue less expenses. Subtract line 18 from line 12		48,822.	24,654.				
Ses.	_		Beg	ginning of Current Year	End of Year				
sets	20 T	otal assets (Part X, line 16)	. [1,468,235.	1,573,392.				
A P		otal liabilities (Part X, line 26)	. [0.					
2		let assets or fund balances. Subtract line 21 from line 20		1,468,235.	1,573,392.				
		Signature Block							
		ies of perjury, I declare that I have examined this return, including accompanying schedules			ry knowledge and belief, it is				
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.					
		Signature of officer		1/2-/7	8-75				
Sig		•		Date					
Her	re	DOUG MILLS, CONTROLLER Type or print name and title							
			T Di	ate Check	T PTIN				
Dai	1	Print/Type preparer's name ROGER L. SAMPLE ROGER L. SAMPLE	1	2/17/15 Check [
Paid	<u> </u>	Firm's name EIDE BAILLY LLP	1 t		P00055670 45-0250958				
		Firm's address 375 E, HORSETOOTH RD. BLDG. 4200	<u> </u>	Firm's EIN	#J 02J09J0				
J-0-6	J,	FORT COLLINS, CO 80525	•	Phone no / Q	70)223-8825				
Mes	the IP	S discuss this return with the preparer shown above? (see instructions)		Triione no. (3	T				
ivid	y u le iris	o discuss this feturit with the preparer shown abover (see instructions)			NoNoNo				

MA ALPHA INTERNATIONAL EPSILON (23-7394928 Page 2 Form 990 (2014) COUNCIL Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. TO SUPPORT EDUCATIONAL AND PHILANTHROPIC ACTIVITIES OF COMBINED CHAPTERS BY BRINGING GOOD PEOPLE TOGETHER TO DO GOOD DEEDS FOR OTHERS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 3,635,767.) (Revenue \$___ 3,929,227. including grants of \$_____) (Expenses \$ __ 4a EDUCATIONAL AND PHILANTHROPIC ACTIVITIES OF COMBINED CHAPTERS. including grants of \$ (Code _____) (Expenses \$ ___) (Revenue \$ ____ (Code) (Expenses \$ including grants of \$

d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ► 3,929,227.

Form 990 (2014)

COUNCIL

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 Х Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D. Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in 11d X Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Note. All Form 990 filers are required to complete Schedule O

	rt IV Checklist of Required Schedules (continued)	1740	<u>_</u>	age ·
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	·	Х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ĺ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_		37
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
IJ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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?			

EPSILON (MA ALPHA INTERNATIONA COUNCIL
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		<u> </u>	ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	!		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter		1	
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		İ	
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 Enter the amount of recences on head			
_	Enter the amount of reserves on hand Did the executation reserves any neurosta for indeer temping convices during the tax year?	44-		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " here it filed a Ferry 730 to report these payments? If "Alo " provide an explanation in Schodule O	14a		<u> X</u>
D	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	

23-7394928

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Form 990 (2014)

COUNCIL

23-7394928 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		11					
	If there are material differences in voting rights among members of the governing body, or if the governing				İ				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		11	İ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?				6		X		
7a		tnioga	one or	Ī					
, .	more members of the governing body?				7a		X		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	F					
D	persons other than the governing body?	0.00,	3,00,0,0,		7b	-	Х		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following:	r					
8		al Dy III	c lollowing.		8a	x			
a	Each committee with authority to act on behalf of the governing body?			ŀ	8b	X			
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	achod :	at the	ŀ	- 00				
9		acrieu (at trie	ŀ	9		Х		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O)ovonu	Code	<u>-</u>	<u> </u>				
3C C	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue	e Code.)			Yes	No		
40	Diddle account to be a least should be about a branches as affiliates?			Γ	100	162	X		
	Did the organization have local chapters, branches, or affiliates?	bontor	a offiliator	-	10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and have a transfer or a second	парцеп	s, annates,		10h				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	tu bofo	ra filina tha farm'		10b		X		
	Has the organization provided a complete copy of this Form 990 to all members of its governing box	зу рето	re tiling the form	' -	11a				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				40-	ļ	v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 4	(l.aka)	<u></u> ⊢	12a		<u>X</u> _		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			-	12b		-		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," a	escribe						
	in Schedule O how this was done			\vdash	12c				
13	Did the organization have a written whistleblower policy?			F	13	37	<u>X</u>		
14	Did the organization have a written document retention and destruction policy?			-	14	Х			
15	Did the process for determining compensation of the following persons include a review and approve		dependent		ĺ				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		ı			37		
	The organization's CEO, Executive Director, or top management official				15a		<u>X</u>		
b	Other officers or key employees of the organization			-	15b		<u> </u>		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1	į			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	uth a	- 1	ŀ				
	taxable entity during the year?			-	16a		<u> </u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			- 1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nızatıo	n's						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·						
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	on 501(c)(3)s on	ly) av	ailabl	е			
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	inflict o	f interest policy,	and t	financ	ai			
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records: >						
	DOUG MILLS - (970)223-2824								
	363 W. DRAKE, FORT COLLINS, CO 80526								

EPSILON (;MA	ALPHA	INTERNATIONAL

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, Directo	rs, Trustees, Key E	mployees, and High	nest Compensated En	nployees
------------	-------------------	---------------------	--------------------	---------------------	----------

- 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	nor any related	orga	anıza	tion	cor	npei	nsat	ed any current officer, o	director, or trustee	·
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		Cer an		1	771103	100,	from the	from related organizations	other compensation
	(list any hours for	Sirect						organization	(W-2/1099-MISC)	from the
	related	3e Or (stee			ısate		(W-2/1099-MISC)	(** 2, 1000 miles)	organization
	organizations	trust	al tru		yee	ad in c	ŀ	,		and related
	below	Individual trustee or director	Institutional trustee	귵	ешріс	estc	声			organizations
	line)	를	Inst	Officer	Key	Highest compensated employee				
(1) VICKIE FARRIS	5.00									_
PRESIDENT		X		X				0.	0.	0.
(2) RICKIE BROWN	3.00		1					_	_	_
1ST VICE PRESIDENT		Х		X				0.	0.	0.
(3) SHERRY DAY	3.00		1					_		_
2ND VICE PRESIDENT		X		X				0.	0.	0.
(4) LEANN WRAY	2.00									
RECORDING SECRETARY		X	<u> </u>	X				0.	0.	0.
(5) B.J. VOLL	5.00									_
TREASURER		X		X				0.	0.	0.
(6) CLEORIA GLENN	5.00									
CORRESPONDING SECRETARY		X		X_	L	_	_	0.	0.	0.
(7) JUDY SIMPSON	1.00									
INCOMING CORRESPONDING SECRETARY		X	ļ	Х	<u> </u>	<u> </u>	ļ	0.	0.	0.
(8) KIM KUMMER	1.00									
WORKSHOP COORDINATOR	1 22	Х	<u> </u>					0.	0.	0.
(9) VICKY JONES	1.00							•		_
JR. PAST IC PRESIDENT	1 00	X	<u> </u>			-		0.	0.	0.
(10) SUSAN WINTERS	1.00	3,5						0.	0.	0.
SR, PAST IC PRESIDENT	1 00	X		_		 		0.	<u> </u>	<u></u>
(11) TERRI OLSON	1.00	37						0.	0.	0.
PARLIAMENTARIAN		X		\vdash				0.		<u> </u>
		1								
		-	 				-			
			<u> </u>						***	
		1								
		1								
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		1								
			\vdash							
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23-7394928

Form	990 (2014) COUNCIL									23-7	<u> 394</u>	928	Р	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st (Compensated Employe	es (continued)		,		
	(A) Name and title	(B) Average hours per week	Position (do not check more box, unless person officer and a director		Position (do not check more than one box, unless person is both an officer and a director/trustee)			one th an	(D) Reportable compensation from	(E) Reportable compensation from related		on amount		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anızat d relat ınızatı	e ion ed
														_
	Sub-total		L	L				<u> </u>	0.		0.			0.
	Total from continuation sheets to Part \	II, Section A							0.		0.		-	0.
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	ose	liste	ed at	oove	e) wh	no r		,000 of reportab		L		<u> </u>
	compensation from the organization												Yes	No
	Did the organization list any former officer		stee	e, ke	y en	nplo	yee,	, or	highest compensated e	mployee on			165	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	um of reportabl								the organization		3		X
	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for services		4		X
	rendered to the organization? If "Yes," cor ion B. Independent Contractors	nplete Schedul	e J f	or st	ıch j	pers	on					5		<u>X</u>
1	Complete this table for your five highest co										npens	ation fr	om	
	the organization Report compensation for (A)	the calendar y	ear e	endi	ng w	/ith e	or w	<u>ithir</u>	n the organization's tax y (B)	/ear	—	(C		
	Name and business	s address	NC	ONE	<u> </u>				Description of s	ervices	C	omper		1
						·								
						_								
														•

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

<u>Form</u>	990	EPSII (2014) COUN	CIL `	A ALPHA]	NTERNATION	NAL (23-739	4928 Page
Pa	rt VII							
	 -	Check if Schedule O con	tains a response	or note to any li	ne 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
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about	nts, and ove 1f	>				
Program Service Revenue	2 a b c d e f	MEMBERSHIP DUES All other program service revo	3	611710	4,149,657. 438,558.			
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties		est, and	4,588,215.			
	6 a b c d 7 a	Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Securities	(ii) Other				
	b	assets other than inventory Less. cost or other basis and sales expenses Gain or (loss)						
Other Revenue		Net gain or (loss) Gross income from fundraisir including \$ contributions reported on line Part IV, line 18	of					
Oth	С	Less direct expenses Net income or (loss) from fundament from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and from gaming and gaming gaming and gaming gamin	_	>				
	b	Part IV, line 19 Less. direct expenses Net income or (loss) from gan	a b					
		Gross sales of inventory, less and allowances Less cost of goods sold	returns a b					
-	С	Net income or (loss) from sale		<u> </u>				
	11 a b	Miscellaneous Revenue OTHER REVENUE		Business Code 611710	273,944.	273,944.		
	c d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		P	273,944.	4 862 159.	0	0

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EPSILON (MA

Form 990 (2014) COUNCIL

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	•		implete column (A)	
Λ.	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5.1ps.11ss	gonovaron	
•	and domestic governments. See Part IV, line 21	3,635,767.	3,635,767.		
2	Grants and other assistance to domestic	•	•		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				*
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
4	Lobbying				
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g				<u>-</u>	\
	column (A) amount, list line 11g expenses on Sch O.)			İ	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance				
23 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.)				
а	OPERATING EXPENSES	908,278.		908,278.	
	OTHER EXPENSES	293,460.	293,460.		
C					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	4,837,505.	3,929,227.	908,278.	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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2014)

COUNCIL

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,573,392. 1,468,235. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,468,235 1,573,392 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 0. 0. Total liabilities. Add lines 17 through 25 26 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 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 31 Ο. Paid in or capital surplus, or land, building, or equipment fund 31 1,468,235. 1,573,392. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,573,392. <u>1,468,235.</u> 33 33 Total net assets or fund balances 1,573,392. 1,468,235. 34 Total liabilities and net assets/fund balances

MA ALPHA INTERNATIONAL Form 990 (2014) 23-7394928 COUNCIL Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,862,159. 1 Total revenue (must equal Part VIII, column (A), line 12) 4,837,505. 2 Total expenses (must equal Part IX, column (A), line 25) 2 24,654. 3 3 Revenue less expenses Subtract line 2 from line 1 1,468,235. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 7 Investment expenses 80,503. 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 1,573,392. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990: X Cash Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a 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 Consolidated basis Both consolidated and separate basis Х Were the organization's financial statements audited by an independent accountant? 2b 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 Both consolidated and separate basis ___ Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

2c

За

Form 990 (2014)

Х

review, or compilation of its financial statements and selection of an independent accountant?

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

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

432012

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
◆ Section 501(c)(4), (5), or (6) organiza Name of organization EPSTLON	tions Complete Part III SIGMA ALPHA INT	FRNATTONAL.	Empl	oyer identification number
COUNCIL		DIMALIONAL		23-7394928
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organiz Political expenditures Volunteer hours 	zation's direct and indirect politic	al campaign activities	ın Part IV. ▶\$	
Part I-B Complete if the org	janization is exempt und	er section 501(c)		
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	> \$	
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3 If the organization incurred a section	in 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV	janization is exempt und	or coction 501(c)	except section 501/	<u> </u>
L				
 Enter the amount directly expended Enter the amount of the filing organiexempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization full formation in the propolitical action committee (PAC). If 	s Add lines 1 and 2 Enter here at 1120-POL for this year? Inployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	ner organizations for some one form 1120-POL N) of all section 527 polytom the filing organical	ection 527 \$ solitical organizations to whice the station's funds. Also enter the spanization, such as a separation.	Yes No h the filing organization e amount of political
(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	

			1
EPSIÍ	SIGMA	ALPHA	INTERNATIONA

Schedule C (Form 990 or 990-EZ) 2014 (COUNC	T [1		- F04/-\/2\	23-'	7394928 Page 2
Part II-A Complete if the org	anızatıc	n is exe	mpt under section	on sur(c)(s) and the	ea Form 5/08 (election under
section 501(h)). A Check if the filing organizat	tion belone	as to an aff	iliated group (and list i	n Part IV each affiliated	aroup member's nar	me, address, EIN,
expenses, and share		_			g. 0 0 p	,
. — '			nd "limited control" pr	ovisions apply		
Limit	s on Lobi	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience nub	lic opinion i	(grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lin			ay (direct lobbying)	<u> </u>	·····	
d Other exempt purpose expenditure		10,		ŀ		
e Total exempt purpose expenditures		s 1c and 1	d)			
f Lobbying nontaxable amount. Ente	-			th columns		
If the amount on line 1e, column (a) or	1		bying nontaxable an			
Not over \$500,000	(0) 13.		the amount on line 1e	" 1		
Over \$500,000 but not over \$1,000	000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500			00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,000			00 plus 5% of the exce			
Over \$17,000,000	300,000	\$1,000,		233 0 (ει φ1,000,000		
Over \$17,000,000	1	Ψ1,000,	000			
g Grassroots nontaxable amount (ent	ter 25% o	line 1ft				· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a If zero		•		<u> </u>		
i Subtract line 1f from line 1c If zero	•			T T		
i If there is an amount other than zer			line 1; did the organiz	L ation file Form 4720		
reporting section 4911 tax for this y		i iiiie iii oi	inte 11, did the organiz	ation me i onii 4720	1	Yes No
reporting dection 4011 tax for this y		4-Year Av	eraging Period Under	section 501(h)		
(Some organizations th	at made a	section 5		have to complete all o	f the five columns b	pelow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount			3 <u></u>			
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

SIGMA ALPHA INTERNATIONA

Schedule C (Form 990 or 990 EZ) 2014 COUNC LL

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 23-7394928 Page 3 (election under section 501(h)).

activity	(a	1)	(t))
	Yes	No	Amo	unt
e year, did the filing organization attempt to influence foreign, national, state or				
slation, including any attempt to influence public opinion on a legislative matter				
dum, through the use of				
s?				
or management (include compensation in expenses reported on lines 1c through 1i)?				
vertisements?				
*				
		-		
-				
-				
, , , , , , , , , , , , , , , , , , , ,				
organization incurred a section 4912 tax, did it file Form 4/20 for this year?	501(c)	(5) or so	ction	
	1 00 1(0)	(0), 01 30	Otion	
20 1(c)(o).			Yes	No
stantially all (90% or more) dues received pendeductible by members?		1	-	X
			x	
				X
Complete if the organization is exempt under section 501(c)(4), section	501(c)	(5), or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No," OF	R (b) Pari	t III-A, lir	e 3, is
		1		
62(e) nondeductible lobbying and political expenditures (do not include amounts of politica	ı			
		2a		
		2b		
·		2c		
e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ss	ľ		
	litrool			
organization agree to carryover to the reasonable estimate of nondeductible lobbying and po-	illicai			
organization agree to carryover to the reasonable estimate of nondeductible lobbying and po- ire next year?	iiticai	4		
		4 5		
	stantially all (90% or more) dues received nondeductible by members? rganization make only in-house lobbying expenditures of \$2,000 or less? rganization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." sessments and similar amounts from members	other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Interest with legislators, their staffs, government officials, or a legislative body? Interest with legislators, their staffs, government officials, or a legislative body? Interest with legislators, their staffs, government officials, or a legislative body? Interest with legislators, their staffs, government officials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, their staffs, government of ficials, or a legislative body? Interest with legislators, with legislators, or any similar means? Interest of theory of legislators, or any similar means? Interest of the organization to be not described in section 501(c)(3)? Interest of the organization interest of section 501(c)(4), section 501(c)(6) Interest of the organization interest of section 501(c)(4), section 501(c)(6) Interest of the organization is exempt under section 501(c)(4), section 501(c)(6) Interest of the organization is exempt under section 501(c)(4), section 501(c)(6) Interest of the organization is exempt under section 501(c)(4), section 501(c)(6) Interest of the organization is exempt under section 501(c)(4), section 501(c)(6) Interest of the organization is exempt under section 501(c)(4), section 501(c)(6) Interest of the organization is	other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Intact with legislators, their staffs, government officials, or a legislative body? Intact with legislators, their staffs, government officials, or a legislative body? Intact with legislators, their staffs, government officials, or a legislative body? Interest constructions, seminars, conventions, speeches, lectures, or any similar means? Invites? Invites? Invites? Invites in line 1 cause the organization to be not described in section 501(c)(3)? Interest the amount of any tax incurred under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 4912 Interest the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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Invities in line 1 cause the organization to be not described in section 501(c)(3)? Interest the amount of any tax incurred under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 4912 Interest the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Interest the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Interest the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or secti

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

EPSILON SIGMA ALPHA INTERNATIONAL

Open to Public Inspection **Employer identification number**

OMB No 1545-0047

2 23-7394928 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? COUNCIL Part

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

nore than \$	recipient that received more than \$5,000 Part II can be duplicated	oe duplicated if additi	if additional space is needed	pep	o Mathed of		
(b) EIN		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
23-7393268			16.098.	0			GENERAL AND SCHOLARSHIP SUPPORT
84-1558942			34,355	0			GENERAL AND SCHOLARSHIP SUPPORT
20-1400651			13,817。	0			GENERAL AND SCHOLARSHIP SUPPORT
23-7393267			18,282,	0			GENERAL AND SCHOLARSHIP SUPPORT
23-7393776	l l		6,442.	0			GENERAL AND SCHOLARSHIP SUPPORT
30-0832740			10 190	0			GENERAL AND SCHOLARSHIP SUPPORT
**	L		*				

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) (2014)

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Schedule I (Form 990) COUNCIL	LGMA ALPH	SIGMA ALPHA INTERNATIONAL	ONAL		7 (000 Jr)		23-7394928 Page
(a) Name and address of coganization or government (b) EIN (c) IRC section or ganization or government (d) EIN (e) IRC section (d) Amount of non-cash valuation nor government (f) Method of (e) Amount of non-cash (f) Method of (government (f) Method of (government (f) Method of (government (f) Method of (government (f) Method of (government (f) Method of (government (f) Method of (government (f) Method of (government (gover	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA DELTA, LOUISIANA	72-1128531		14,780,	0			GENERAL AND SCHOLARSHIP SUPPORT
	80-0391473		8,842.	0			GENERAL AND SCHOLARSHIP SUPPORT
ALPHA GAMMA, FLORIDA	51-0216382		6,462.	.0			GENERAL AND SCHOLARSHIP
KAPPA	38-3362450		7,525.	0			GENERAL AND SCHOLARSHIP
ALPHA KAPPA, ARIZONA	84-1479690		13 003	0			GENERAL AND SCHOLARSHIP
1.	84-1616033		5 464	o			GENERAL AND SCHOLARSHIP
1 1	91-1734382		10 294.	0			GENERAL AND SCHOLARSHIP
ALPHA NU, OKLAHOMA	75_3024868		10,979.	*0			GENERAL AND SCHOLARSHIP SUPPORT
ALPHA OMEGA, VIRGINA	23-7393161		12,695.	0			GENERAL AND SCHOLARSHIP
							Schedule I (Form 990

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EPSILON SIGMA ALPHA INTERNATIONAL

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23-7394928

Schedule I (Form 990) COUNCIL

GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP (h) Purpose of grant or assistance SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö Ö . o Ö o o. (e) Amount of non-cash assistance 7,696, 5,232. (d) Amount of cash grant 6,495, 9,726 32,304, 9 095 6.678 6,840 13,822 (c) IRC section if applicable 62-1073225 84-1541670 23-7393165 84-1387498 23-7394662 51-0215825 63-1180094 51-0215791 (b) EIN (a) Name and address of organization or government ALPHA OMEGA, TENNESSEE ALPHA OMEGA, LOUISIANA ARIZONA ALPHA SIGMA, NEBRASKA ALPHA OMEGA, MISSOURI ALPHA OMEGA, KANSAS ALABAMA ALPHA RHO UTAH ALPHA TAU, UTAH ALPHA OMICRON ALPHA PI

EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL

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23-7394928 Page 1	(h) Purpose of grant or assistance	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT
	(g) Description of non-cash assistance									
edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)				<u>-</u>			· · · · · · · · · · · · · · · · · · ·		
ited States (Sch	(e) Amount of non-cash assistance	0	0	0	o	0	0	0	0	0
nizations in the Ur	(d) Amount of cash grant	5,359,	7,789.	8,603,	6,711.	6,237.	14,407,	12,869.	10,587.	7 163.
vernments and Organ	(c) IRC section if applicable									
Assistance to Go	(b) EIN	31-1547828	84-1587438	84-1436309	31-1416541	30-0534048	84-1464172	86-6053029	23-7391811	23-7393813
Schedule I (Form 990) COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	ALPHA THETA, KENTUCKY	ALPHA THETA, ARKANSAS	ALPHA UPSILON, ILLINOIS	ALPHA XI. ARKANSAS	į į	агрна Zeta, Utah	ARIZONA STATE COUNCIL, ARIZONA	BETA ALPHA, ARKANSAS	BETA ALPHA, WYOMING

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Schedule (Form 990) COUNCIL Part II Continuation of Grants and Organizations in the United States (Schedule (Form 990), Part II	Assistance to Gov	ernments and Organ	nizations in the Ur	nited States (Sche	edule I (Form 990), Par		23-1394928 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	?
BETA ALPHA, SOUTH DAKOTA	84-1473349		5,072.	0.			GENERAL AND SCHOLARSHIP SUPPORT	
אנורטרט אריזא אריזא	84-14 83-14 83-14		577 7	c			GENERAL AND SCHOLARSHIP	
1 ~	86~0604501		5 500	o			GENERAL AND SCHOLARSHIP	· (
, .	23-7394653		17,900.	o			GENERAL AND SCHOLARSHIP SUPPORT	•
	31-1590365		10,598.	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA OMEGA, MICHIGAN	51-0216529		6,582,	0			GENERAL AND SCHOLARSHIP SUPPORT	
É	23-7393816			0			GENERAL AND SCHOLARSHIP SUPPORT	(
BETA THETA, FLORIDA	59-3198185		23 491.	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA UPSILON, ARKANSAS	51-0215974		10,000.	0			GENERAL AND SCHOLARSHIP SUPPORT	
							Schedule I (Form 990)	

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Schedule I (Form 990)

SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP RENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP (h) Purpose of grant or assistance SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT UPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) o. 0, Ö Ö Ö Ö 0 Ö ö (e) Amount of non-cash assistance 10,531, 5,735, (d) Amount of cash grant 8 754 5,667 6,243, 13,203, 29,884, 2,009,628, 14,706 (c) IRC section if applicable 84-1391506 84-1556061 23-7393147 48-1133311 23-7392167 84-1474236 48-1201652 84-1462711 (b) EIN (a) Name and address of organization or government CALIFORNIA STATE COUNCIL COLORADO STATE COUNCIL DELTA EPSILON, KANSAS DELTA DELTA, INDIANA CHI EPSILON, KANSAS DELTA DELTA, KANSAS BETA ZETA, ILLINOIS DELTA GAMMA, OREGON BETA ZETAM UTAH

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Schedule I (Form 990) COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schadule I (Form 990) Part II)	Assistance to Gove	SIGHA ALF HA INIERNATIONAL Assistance to Governments and Organization	ONALI	nited States (Sche	Parine I (Form 990) Parine		23-7394928 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	•
DELTA KAPPA, OKLAHOMA	23-7393752		6,637.	0			GENERAL AND SCHOLARSHIP SUPPORT	
DELTA KAPPA, OREGON	93-1105460		6,289.	0			GENERAL AND SCHOLARSHIP SUPPORT	!
DELTA NU, ARKANSAS	20-8424841		6,753.	0			GENERAL AND SCHOLARSHIP SUPPORT	
DELTA SIGMA, INDIANA	84-1542413		9,611,	0			GENERAL AND SCHOLARSHIP SUPPORT	•
DELTA XI. OREGON	93-1201783		5 764	c			GENERAL AND SCHOLARSHIP	
] [2]	20-0217720			· o			GENERAL AND SCHOLARSHIP	
EPSILON GAMMA, FLORIDA	84-1516097		6,728	0			GENERAL AND SCHOLARSHIP SUPPORT	(
EPSILON KAPPA, OKLAHOMA	23-7392909		10,540,	0			GENERAL AND SCHOLARSHIP SUPPORT	
EPSILON PI TEXAS	84-1558931		21 940.	0			GENERAL AND SCHOLARSHIP	
							Schedule I (Form 990)	

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Page 1 SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP (h) Purpose of grant or assistance 23-7394928 SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT UPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) o ٥. Ö ٥. Ö ٥. Ö Ö Ö (e) Amount of non-cash assistance 5 267. 5,218. (d) Amount of cash grant 7.946. 13,874, 12,727 5,180 5.942 10,086 10,337 (c) IRC section if applicable 30-0733638 23-7392914 35-2340082 23-7394562 31-1416492 41-1908802 35-6064897 84-1549721 (P) EIN (a) Name and address of organization or government GAMMA OMEGA, MINNESOTA GAMMA DELTA, NEBRESKA ETA EPSILON, OKLAHOMA GAMMA CHI ILLINOIS GAMMA PI, OKLAHOMA ETA THETA, KANSAS INDIANA ETA RHO, FLORIDA ETA PI INDIANA GAMMA PI

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Schedule I (Form 990) COUNCIL | Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (h) Method of (g)	Assistance to Go	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	_
organization or government		п арріісавіе	casn grant	non-casn assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance	,
i							GENERAL AND SCHOLARSHIP	
GAMMA ZETA, OKLAHOMA	23-7392919		9,977.	0			SUPPORT	
							GENERAL AND SCHOLARSHIP	
INDIANA STATE COUNCIL	35-6035814		13,425.	0			SUPPORT	(
KAPPA MU, TEXAS	51-0215704		15,803.	0			GENERAL AND SCHOLARSHIP SUPPORT	
							GENERAL AND SCHOLARSHIP	
LAMBDA NU, TEXAS	84-1469826		6,208.	0			SUPPORT	
MIDWEST AREA REGIONAL CNL	41-1823520		8,493.	0		_	GENERAL AND SCHOLARSHIP SUPPORT	
	,			•			GENERAL AND SCHOLARSHIP	
MINNESOTA STATE COUNCIL	41-1834353		14,039,	0			SUPPORT	
NU ALPHA, FLORIDA	84-1521209		11,332.	•0			GENERAL AND SCHOLARSHIP SUPPORT	('
OMEGA NU, ILLINOIS	84-1504957		15,850.	0			GENERAL AND SCHOLARSHIP SUPPORT	
							GENERAL AND SCHOLARSHIP	
OMICRON, WASHINGTON	23-7393156		6,277,	0.			Schedule I (Form 990)	

EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL

Schedule I (Form 990) COUNCIL	ısma Arkı	SIGMA ALFAA INTERNATIONAL	ONAL			2	23-7394928 Page 1	÷ .
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Scho	edule I (Form 990), Pa	1)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
PHI ALPHA, INDIANA	35-1931667	:	5,627.	0			GENERAL AND SCHOLARSHIP SUPPORT	
	23-7393137		17,700.	•0			GENERAL AND SCHOLARSHIP SUPPORT	,
RHO CHI, FLORIDA	84-1486194		9,254,	0.0			GENERAL AND SCHOLARSHIP SUPPORT	
÷	84-1534391		6,205,	•0			GENERAL AND SCHOLARSHIP SUPPORT	•
SIGMA CHI, OKLAHOMA	84-1616036		7,901,	0			GENERAL AND SCHOLARSHIP SUPPORT	
1 1	80-0893625		7,152.	0			GENERAL AND SCHOLARSHIP SUPPORT	
THETA EPSILON, ARKANSAS	71-0648975		104,395,	•0			GENERAL AND SCHOLARSHIP SUPPORT	(
THETA OMEGA, SOUTH DAKOTA	84-1452246		7,765.	•0			GENERAL AND SCHOLARSHIP SUPPORT	
THETA TAU, OKLAHOMA	51-0208387		9,846,	0			GENERAL AND SCHOLARSHIP SUPPORT	
							Schedule I (Form 990)	

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23-7394928 Page 1		(h) Purpose of grant or assistance	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT	GENERAL AND SCHOLARSHIP SUPPORT				Schedule I (Form 990)
2	ת)	(g) Description of non-cash assistance			į							
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)										
	nited States (Sch	(e) Amount of non-cash assistance	0	0	•0	0	•0	0				
ONAL	nizations in the U	(d) Amount of cash grant	21,424.	6,779.	54,216,	15,096.	12,632,	7,297.				
SIGMA ALPHA INTERNATIONAL	vernments and Orga	(c) IRC section if applicable										
LGMA ALER	Assistance to Go	(b) EIN	20-1444237	84-1521206	35-2340079	20-1444301	84-1473351	23-7393301				
Schedule I (Form 990) COUNCIL	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	XI CHI. ILLINOIS	l 🖽	ZETA NU, NEW MEXICO	ZETA OMEGA, WISCONSIN	ZETA RHO, LOUISIANA	ZETA TAU, COLORADO				

23-7394928

(Form 990) (2014) COUNCIL Grants and Other Assistance to Domestic Individuals. 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) (2014)

Part III Grants and Other

(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			onal information.		HROPIC	TED CHATER	
(d) Amount of non- cash assistance (b			in Part I, line 2, Part III, column (b), and any other additional information.		AND PHILAN	FOR FUNDS GIVEN TO AFFILIATED CHATER	ARY.
(c) Amount of cash grant			e 2, Part III, column		DUCATIONAL	FUNDS GIVE	DEEMED NECESSARY.
(b) Number of recipients					UPPORT EI		IS
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required	PART I, LINE 2:	THE ORGANIZATION'S PURPOSE IS TO SUPPORT EDUCATIONAL AND PHILANTHROPIC	ACTIVITIES OF THE COMBINED CHAPTERS.	ORGANIZATIONS, NO FURTHER FOLLOW-UP

SCHEDULÈ O

(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.

Open to Public Inspection

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

Employer identification number 23-7394928

COONCIL
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATION DOES NOT HAVE A FORMAL WRITTEN POLICY ON HOW THE
ORGANIZATION WILL REVIEW THE FORM 990.
OKOMITARION WILL KEVIEW III TORE 350.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2014

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OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7394928 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 SIGMA ALPHA INTERNATIONAL EPSILON COUNCIL Name of the organization Part

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()	Direct controlling	entity		`					
(e)	End-of-year assets								
(Q	Total income						_		
· (c)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN (if applicable)	of disregarded entity							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part

(7)	4.0	3		(
(e)	(a)	(c)	Đ)	e)	€	(B)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	ر ا
				501(c)(3))		Yes	°N
ESA MEMBERSHIP CORPORATION - 26-2732029	TO INSPIRE LEADERSHIP AND			,			
363 W, DRAKE ROAD	SERVICE BY BRINGING			-			
FORT COLLINS CO 80526	INDIVIDUALS TOGETHER	COLORADO	501(C)(4)		NA	-	×
EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL - SUPPORTS AND	SUPPORTS AND ASSISTS						
23-7301068, 363 W, DRAKE ROAD, FORT COLLINS, INDIVIDUAL CHAPTER THROUGH	INDIVIDUAL CHAPTER THROUGH						
CO 80526	CONVENTION AND EDUCATION.	COLORADO	501(C)(4)		ď.		×
ESA FOUNDATION - 23-7099403	PROVIDE STUDENT						
363 W, DRAKE ROAD	SCHOLARSHIPS AND DONATIONS						
FORT COLLINS, CO 80526	TO CHARITABLE	COLORADO	501(C)(3)	LINE 5	4A		×
EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL							
DISASTER FUND - 84-6124182, 363 W. DRAKE							
ROAD FORT COLLINS CO 80526	DISASTER RELIEF TO MEMBERS COLORADO	COLORADO	501(C)(4)		VA.		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2014	Form 990) 2014

SEE PART VII FOR CONTINUATIONS

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EPSILON SIGMA ALPHA INTERNATIONAL

Schedule R (Form 990) 2014 COUNCIL

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

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1

_						ı					
. (x)	General or Percentage managing ownership										
()	eral or naging ther?	Yes No					 _		 	 	
	Par Par	اق اح			 				 	 	
(i)	Code V-UBI	K-1 (Form 1065)									
	nate s?	ž									
(y)	Disproportionate allocations?	Yes						•	 		
(6)	Share of end-of-year assets										
(4)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									
(p)	Direct controlling entity										
(c)	Legal domicile (state or foreign	country)									
(p)	Primary activity										_
(a)	Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

			l							
	tion olled ty?	Š								
=	Sect 512(b contra	Yes								
(h)	Percentage 512(b)(13) ownership controlled entity?				·					
	Share of end-of-year									
(£)	ےقے									
(e)	Type of entity (C corp, S corp,	(ison o								
(p)	Direct controlling Type of entity Si entity (C corp. S corp.									
(၁)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19	×
b Gift, grant, or capital contribution to related organization(s)				đ	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)				11	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				4	×
l Performance of services or membership or fundraising solicitations for related orga	related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X	
 Sharing of paid employees with related organization(s) 				10 X	
 p Reimbursement paid to related organization(s) for expenses 				4	×
q Reimbursement paid by related organization(s) for expenses				10	×
r Other transfer of cash or property to related organization(s)				; -	×
6				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
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Schedule R (Form 990) 2014 COUNCIL

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

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

	(
(k) ercentage wnership					
(j) General or managing partner? Yes No			 		
(h) (i) (j) (k) Disproportion (Code V-UB) General or Percentage Industrians amount in box 20 managing ownership Schedule K-1 pariner pares No (Form 1065) Yes No					
5 13° 9.		_	 		
(h) Disproportionate unate allocations?		 	 		
				-	
(g) Share of end-of-year assets					
(f) Share of total income					
S S S S S S S S S S S S S S S S S		 	 		
Are all partners sec 501 (c)(3) orgs?		 			
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity country) (a) (b) (c) (c) (c) (d) (c) (d) (d) (d					

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PRIMARY ORGANIZ <i>I</i>		PROVIDE	STUDENT	SCHOLARSHIPS	AND	DONATIONS	TO CHAR	ITABLE
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