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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

A	For t	e 2009 calendar year, or tax year beginning , 2005	, and er	nding		,
В	Check	applicable C	D Employer	Identification number		
X	Addres	change Please SIGMA CHI FRATERNITY HOUSING IMPROVEN	26-25	336438		
_	Name	ange	E Telephone			
=	Initial	urn type 4747 N. FIRST STREET #140	(559)	228-6140		
_	Termir	ion Specific FRESNO, CA 93726				
		on pending			F Group E Number	<u> </u>
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting r Other (specif		Cash Accrual
	Webs			H Check ►	if the or	ganization is not
٠,			527	990-EZ, or 9	attach Sche 190-PF).	dule B (Form 990,
K	Chec					at more than
		A Form 990-EZ or Form 990 return is not required, but if the organization	chooses	to file a return, t	be sure to f	ile a complete return.
L	Add I	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000$ or more of Form 990-EZ	, file For	m 990	▶ \$	52,050.
P	rt i	Revenue, Expenses, and Changes in Net Assets or Fund	Balan	ces (See the	instruction	ons for Part I.)
	1	Contributions, gifts, grants, and similar amounts received			1	52,050.
<u> </u>	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
>	4	nvestment income			4	
رة		Gross amount from sale of assets other than inventory	_5a_			
		ess cost or other basis and sales expenses	_5b			
35	C	ain or (loss) from-sale of assets other than inventory (Subtract In 5b from in 5a)	<u>5c</u>			
	6	pecial events and activities (complete applicable parts of Schedule G). If any amount is from gam	ning, checi	k here	그 [[제	
JU.	а	Gross revenue (not including \$ of contributions	6a		100	
/ JE		eported long line 1) UN 2 8 2010				
,;		ess direct expenses other than fundraising expenses				
500	C	et income br (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
0		Gross sales of inventory, less returns and allowances	7a 7b			
		ess cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	_/0		76	
	8	ther revenue (describe) 8	
	9	otal revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			-′ ▶ 9	52,050.
_	10		FF ST	ATEMENT 1	10	100,000.
	11	denefits paid to or for members	וט טטי	AILMINI I	11	100,000.
E	12	alaries, other compensation, and employee benefits			12	 .
EXPEN		Professional fees and other payments to independent contractors			13	
N S		Occupancy, rent, utilities, and maintenance			14	
Ε		rinting, publications, postage, and shipping	15			
S	16	ther expenses (describe > SEE STATEMENT 2	16	42.		
	17	otal expenses. Add lines 10 through 16			▶ 17	100,042.
	18	xcess or (deficit) for the year (Subtract line 17 from line 9)			18	-47,992.
N S E E T E	19	let assets or fund balances at beginning of year (from line 27, column (A)) (n qure reported on prior year's return)	nust agr	ee with end-of-ye	ear 19	51,988.
`T	20	Other changes in net assets or fund balances (attach explanation)			20	
S	21	et assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	3,996.
Pa	rt II.	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000	or more	e, file Form 990 ii	nstead of F	
		(See the instructions for Part II)		(A) Beginning ((B) End of year
22		, savings, and investments		51,	988. 22	3,996.
23		and buildings	ļ		23	
24		assets (describe •)		E1 /	24	3,996.
25		assets	}	51,	988. 25	3,996.
26 27		liabilities (describe ►) ssets or fund balances (line 27 of column (B) must agree with line 21)	}	<u> </u>	0. 26 988. 27	3,996.
27 RA		rivacy Act and Paperwork Reduction Act Notice, see separate instructions.		J1,.	200. [27]	Form 990-EZ (2009)
	· i or	HANCE WELL WINE I WAS A LEGICAL LIGHT OF THE HEALT OF THE				()

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Form'990-EZ (2009) SIGMA CHI FRATE				<u>-253</u>	36438 Page 2			
Part 排 Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses			
What is the organization's primary exempt purpose? SEI Describe what was achieved in carrying out the describe the services provided, the number of	E STATEMENT 3 e organization's exempt purpo persons benefited, or other r	oses. In a clear and cor elevant information for	ncise manner, each	(Req 501(orga 4947	jurred for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)			
program title 28				tor o	thers.)			
(Grants \$) If th	s amount includes foreign gr	onte chock boro		28 a				
29				208				
(Grante \$) If the	(Grants \$) If this amount includes foreign grants, check here							
30								
(Grants \$) If the	s amount includes foreign gra			30 a				
31 Other program services (attach schedule			▶□	31 a				
32 Total program service expenses (add line			•	32				
Part IV List of Officers, Directors		plovees. List each o	ne even if not com	pens	ated. (See the instrs.)			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensal	to is and	(e) Expense account and other allowances			
PHIL SANCHEZ 1333 W. ALLUVIAL	PRESIDENT 1.00	0.		0.	0.			
FRESNO, CA 93711 JOHN FLORES	SECRETARY	0.		0.	0.			
1246 S. INVERNESS WAY FRESNO, CA 93727	1.00				-			
TOM DOWNING	TREASURER	0.		0.	0.			
1214 W. TENAYA FRESNO, CA 93711	1.00							
	-							
BAA	TEEA0812L 0	1/30/10			Form 990-EZ (2009)			

	n'990-EZ (2009) SIGMA CHI FRATERNITY HOUSING IMPROVEMENT 26-253643			age 3
Pa	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEM	ENT	4
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	_33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	χν. ν ::: :::		
ŧ	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
Ł	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b	.: v.	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	` \	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter		 :	
	Initiation fees and capital contributions included on line 9 39a N/A	1 10	, iv	
	Gross receipts, included on line 9, for public use of club facilities. N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ►			. :
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	: 9 > · >		.
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		v:	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	.: v	X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► Professional Exchange Service Telephone no. ► (559) Located at ► 4747 N. FIRST STREET, SUITE 140 FRESNO CA ZIP+4 ► 93726	228	-614 	: <u>0 </u>
			Yes	No
b	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)?	42b		X
	If 'Yes,' enter the name of the foreign country	٠		
		`		· . :
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .	•		N/A N/A

Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 45 Form 990-EZ (2009) TEEA0812L 01/30/10 BAA

X

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orm 990-EZ (2009)	STCMA	CHT	FRATERNITY	HOUGTNG	TMPPOVEMENT
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Page 4 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title and average (c) Compensation (d) Contributions to employe benefit plans and (e) Expense account and (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position deferred compensation other allowances NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 NONE d Total number of other independent contractors each receiving over \$100,000 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. Sign Date Signature of office Here Type or print name and title Preparer's Identifying Number (See instructions) Check if self-employed Preparer's Paid JUN 1 4 2010 N/A signature Pre-MOORE GRIDER AND COMPANY Firm's name (or parer's yours if self-employed), address, and ZIP + 4 325 E SIERRA AVE N/A EIN Use (559)440-0700

CA 93710-3707

FRESNO,

May the IRS discuss this return with the preparer shown above? See instructions

Phone no

►X Yes No

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SIGMA CHI FRATERNITY HOUSING IMPROVEMENT FOUNDATION-FRESNO

Employer identification number

26-2536438

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. _ Type III − Functionally integrated Type II Type III- Other Type I С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in (vii) Amount of Support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) is the (i) Name of Supported Organization (ii) EIN (lv) is the e organization in col (i) of your support? rganization in col (i) listed in your organization in col organized in the governing document? Yes Νo Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SIGMA CHI FRATERNITY HOUSING IMPROVEMENT 26-2536438

Part # Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)	 	· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				52,000.	52,048.	104,048.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.	
4	Total. Add lines 1-through 3	0.	0.	0.	52,000.	52,048.	104,048.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47 <u>,9</u> 19.	
6	Public support. Subtract line 5 from line 4						56,129.	
Sec	tion B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008 (e) 200		(f) Total	
7	Amounts from line 4	0.	0.	0.	52,000. 52,04		104,048.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10						104,048.	
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12_	0.	
_	First five years. If the Form 990 i organization, check this box and	stop here.		i, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u>►[X]</u>	
	tion C. Computation of Pu					 _		
	Public support percentage for 200			11, column (f)		14	<u>%</u>	
	Public support percentage from 2					15_[
16 a	6a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	33-1/3 support test — 2008. If the and stop here. The organization of	organızatıon did i qualifies as a publ	not check a box of licly supported org	n line 13, or 16a, janization.	and line 15 is 33-1	/3% or more, che	ck this box	
17 a	10%-facts-and-circumstances tes or more, and if the organization the organization meets the 'facts'	neets the 'facts-ai	nd-circumstances'	test, check this D	iox and stop nere.	Explain in Part IV	/ IIOW	
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ai I-circumstances' i	nd-circumstances test. The organiza	test, check this bation qualifies as	a publicly support	ed organization.	→ □	
18 RAA	Private foundation. If the organiz	ation did not chec	ck a box on line, 1	3, 16a, 16b, 1/a,	or 170, check this	hedule A (Form 9	90 or 990-EZ) 2009	

Schedule A (Form 990 or 990-EZ) 2009 SIGMA CHI FRATERNITY HOUSING IMPROVEMENT 26-2536438 Part II Support Schedule for Organizations Described in Section 509(a)(2)

	tion A. Dublic Comment						
	ction A. Public Support	T 11 11 11 11 11 11 11 11 11 11 11 11 11	T	-		· · · · · · · · · · · · · · · · · · ·	
Cale 1	endar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line	- 3/3					
	7c from line 6.)	, <u>)</u>				\$ 14:	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Other income Do not include gain or loss from the sale of capital assets (Explain in		1000		**		
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and	stop here	tion's first, second	<u> </u>			<u> </u>
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is	stop here	tion's first, second	<u> </u>			<u> </u>
13 14 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and	stop here blic Support F	tion's first, second Percentage	, third, fourth, or			<u>►</u>
13 14 Sec 15	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	stop here blic Support F 09 (line 8, column	tion's first, second Percentage (f) divided by line	, third, fourth, or		section 501(c)(3)	<u> </u>
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200	stop here blic Support F 09 (line 8, column 008 Schedule A, l	tion's first, second Percentage (f) divided by line Part III, line 15	, third, fourth, or		section 501(c)(3)	%
13 14 Sec 15 16 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2	stop here blic Support F 09 (line 8, column 008 Schedule A, I restment Incol	Percentage (f) divided by line Part III, line 15 me Percentage	, third, fourth, or 13, column (f))	fifth tax year as a	section 501(c)(3)	%
13 14 Sec 15 16 Sec 17 18	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Investment Investment Investment Investment Investment I	stop here blic Support F 09 (line 8, column 008 Schedule A, l restment Incol or 2009 (line 10c, com 2008 Schedule	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1	third, fourth, or 13, column (f)) by line 13, column	fifth tax year as a	15 16 17 18	% %
13 14 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box	stop here blic Support F 09 (line 8, column 008 Schedule A, l restment Incol or 2009 (line 10c, co om 2008 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 not check the box The organization of	third, fourth, or 13, column (f)) by line 13, column on line 14, and I	n (f)) ine 15 is more that cly supported org	15 16 17 18 an 33-1/3%, and line anization	% % e 17 is not
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for 33-1/3 support tests — 2009. If the	stop here blic Support F 09 (line 8, column 008 Schedule A, I restment Incor or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 not check the box The organization of	third, fourth, or 13, column (f)) by line 13, column on line 14, and I qualifies as a publication line 14 or 19a, a	in (f)) line 15 is more that organd line 16 is more	15 16 17 18 an 33-1/3%, and line anization e than 33-1/3%, an	% % e 17 is not
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Part IV.	Supplemental II	nformation. Com	plete this part to provide the	explanations required by Part II, line 10 er additional information. See instruction	age 4);
	Part II, IIIle 17a	or 170; and Part	III, line 12. Provide any otne	er additional information. See instruction	s.
					
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TEEA0404L 02/05/10

BAA

2009

FEDERAL STATEMENTS

PAGE 1

SIGMA CHI FRATERNITY HOUSING IMPROVEMENT **FOUNDATION-FRESNO**

26-2536438

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:

EDUCATION

DONEE'S NAME: DONEE'S ADDRESS:

SIGMA CHI FRATERNITY HOUSING CORPORATIO

1246 S. INVERNESS WAY FRESNO, CA 93727

CASH AMOUNT GIVEN:

Ś 100,000.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK FEES

TOTAL \$

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SPECIFIC PURPOSE OF SIGMA CHI FRATERNITY HOUSING IMPROVEMENT IS THE DEVELOPMENT AND PRESERVATION OF THE CHAPTER HOUSE, AS IT RELATES TO EDUCATION.

STATEMENT 4 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue			File a sepa	rate application for	each return.						
If you are	filing for an	Automatic 3-Month E	xtension, com	olete only Part I and	check this box			-	► X		
-	_	Additional (Not Auto				page 2 of the	s form)		ت		
-	-	less you have alread	-	•	•	•		m 8868			
		3-Month Extension									
, ,	Automatic .	5-MONTH EXTENSIV)	orny Submit origin	iai (ilo copies	necaca).					
A corporation	required to f	ile Form 990-T and re	equesting an au	itomatic 6-month ext	ension – check th	ns box and o	omplet	e Part I only	•		
All other corp income tax re		udıng 1120-C filers),	partnerships, R	EMICS, and trusts m	nust use Form 700	4 to request	an ext	ension of tim	e to file		
returns noted the additiona Form 990-T	d below (6 mo il (not automa Instead, you r	enerally, you can ele nths for a corporatior tic) 3-month extensio must submit the fully //efile and click on e-	n required to file in or (2) you file completed and	e Form 990-T) Howe Forms 990-BL, 6069 signed page 2 (Part	ver, you cannot fil 9. or 8870. group i	le Form 8868 returns, or a	electro compo	onically if (1) site or conso) you want olidated		
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File by the		ON-FRESNO and room or suite number. If	a P.O. box sociast	rustions			26-2	536438			
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eturn See nstructions	P.O. BOX	10/1 t office, state, and ZIP code	F				<u> </u>				
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Form 990		L	Form 990-T (co	•	_	Form 472					
Form 990			Form 990-T (se	ection 401(a) or 408((a) trust)	Form 522					
X Form 990	D-EZ	<u> </u>	Form 990-T (tr	ust other than above) [Form 606	9				
Form 990)-PF		Form 1041-A			Form 887	0				
Telephone If the orga If this is f check this the exten I reques	e No (559) anization does for a Group Res s box ision will cove st an automat	ic 3-month (6 months	or place of businization's four degroup, check	igit Group Exemption this box and on required to file Fo	n Number (GEN) attach a list with t orm 990-T) extens	If he names an ion of time					
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_	calendar year		20	and and a	20						
	tax year begi		, 20,	and ending	²⁰	_					
2 If this to	ax year is for	less than 12 months,	check reason	Initial return	Final return		hange i	n accounting	j period		
3a If this a nonrefu	application is f undable credit	or Form 990-BL, 990 s See instructions	-PF, 990-T, 472	0, or 6069, enter the	tentative tax, less	s any	3a \$		0.		
		or Form 990-PF or 99 or year overpaymen			nd estimated tax p	payments	3ъ\$	 	0.		
deposit	e Due. Subtractive with FTD country tructions	ct line 3b from line 3a pon or, if required, b	a Include your y using EFTPS	payment with this foi (Electronic Federal 1	rm, or, if required, Fax Payment Systo	em).	3c \$		0.		
Caution. If you		o make an electronic	fund withdrawa	al with this Form 886	8, see Form 8453-	EO and For	m 8879	-EO for			
BAA For Pri	vacy Act and	Paperwork Reductio	n Act Notice, s	ee instructions.			F	orm 8868 (R	ev 4-2009)		