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Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	82,761	22	65,894
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	7,958	24	14,476
25	Total assets	90,719	25	80,370
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	90,719	27	80,370

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?
PROMOTE ENGINEERING PROFESSION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	GENERAL ACTIVITIES FOR THE PROMOTION AND ADVANCEMENT OF THE ENGINEERING PROFESSION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	68,106
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	68,106

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="text"/>
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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 <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	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	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> JONATHAN WIEGAND Telephone no <input type="checkbox"/> (605) 691-1346 12025 S 219TH AVE Located at <input type="checkbox"/> GRETNA, NE ZIP + 4 <input type="checkbox"/> 68028		
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 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 "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 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 "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Here	***** Signature of officer	2012-07-24 Date			
	JONATHAN WIEGAND TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KELLY HALE CPA	Date 2012-08-06	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CONTRYMAN ASSOCIATES PC CPA'S PO BOX 700 GRAND ISLAND, NE 688020700			EIN
					Phone no (308) 382-5720
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
SIGMA PHI DELTA FRATERNITY
C/O JONATHAN WIEGAND TREASURER**Employer identification number**

39-6084280

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	DELTA ALUMNI CHAPTER SUPPORT CHIP ACTIVITY 100 FARGO ALUMNI CHAPTER SUPPORT CHIP ACTIVITY 10 KAPPA ALUMNI CHAPTER SUPPORT CHIP ACTIVITY 1,977 LOS ANGELES ALUMNI CHAPTER SUPPORT CHIP ACTIVITY 110 EPSILON CHAPTER SUPPORT CASTLE PUB 100 ETA ALUMNI CHAPTER SUPPORT CHIP ACTIVITY 625 DELTA CHAPTER SUPPORT CHIP ACTIVITY 100 PHI SUPPORT CHIP ACTIVITY 100 PSI SUPPORT CHIP ACTIVITY 15 GENERAL ENDOWMENT FUND SUPPORT CHIP ACTIVITY 5,505 FOUNDATION SUPPORT CHIP ACTIVITY 15,780 ALPHA CHAPTER SUPPORT CHIP ACTIVITY 210
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISEMENT 500 OFFICE SUPPLIES/POSTAGE 564 NIC DUES 1,856 MISC OFFICE 522 PAYPAL CHARGES 43 CHAPTER TRAVEL 9,402 EXPANSION PROGRAM TRAVEL 5,808 S COUNCIL MEETING TRAVEL 4,516 GENERAL CONVENTION EXPENSE 21,539 NIC CONVENTION EXPENSES 2,209 LIABILITY INSURANCE 30,441 FOREIGN CURRENCY ADJ 194 TAXES-MISC 10 TOTAL 77,604
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORY 7,958 14,476 TOTAL 7,958 14,476

Additional Data

Software ID:

Software Version:

EIN: 39-6084280

Name: SIGMA PHI DELTA FRATERNITY
C/O JONATHAN WIEGAND TREASURER

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALIXANDRE R MINDEN 3010 SAINT JOSEPH DR MANSFIELD,TX 76063	PRESIDENT 1 00	0		
STEVEN A WEISS 365 WESTPORT AVE APT 2J NORWALK,CT 06851	VICE PRESIDE 1 00	0		
JONATHAN WIEGAND 12025 S 219TH AVE GRETNA,NE 68028	FORMER TREAS 1 00	0		
IAN P SANTARINALA 4457 N HAMILTON AVE UNIT G CHICAGO,IL 60625	EXEC SECRETA 1 00	0		
JEFFREY H MASTERS 160 WILLOW BEND CT BOWLING GREEN,KY 42104	TREASURER 1 00	0		
NAOKI TOKUSHASHI 4586 W 6TH VANCOUVER,BC V6R 1V5 CA	DIRECTOR 1 00	0		
ROBERT ORLANDO 2882 WEST 11TH VANCOUVER,BC V6K 2M1 CA	DIRECTOR 1 00	0		
CASEY J FUHRMANN 2344 290TH AVE MARSHALL,MN 56258	DIRECTOR 1 00	0		
WERNER C BORN 125 SECOND ST TRENTON,NJ 08611	DIRECTOR 1 00	0		

TY 2011 Compensation Explanation

Name: SIGMA PHI DELTA FRATERNITY
C/O JONATHAN WIEGAND TREASURER
EIN: 39-6084280

Person Name	Explanation
ALIXANDRE R MINDEN	
STEVEN A WEISS	
JONATHAN WIEGAND	
IAN P SANTARINALA	
JEFFREY H MASTERS	
NAOKI TOKUSHASHI	
ROBERT ORLANDO	
CASEY J FUHRMANN	
WERNER C BORN	