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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and en	nding J	UN 30, 2012	
B	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	SIGMA PI - MU CHAPTER			
	change Name change			15-04	448140
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Termin- ated	PO BOX 788		607-	<u> 272-5550 </u>
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	539,083.
	Application	ITHACA, NI 14831		H(a) Is this a group re	turn
	pendin	F Name and address of principal officer.JON BECKERMAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
<u> </u>	Tax-exe	mpt status:	527	If "No," attach a	list. (see instructions)
		e: ► N/A		H(c) Group exemption	number >
		organization: X Corporation	L Year	of formation: 1914 N	State of legal domicile: NY
		Summary			
_	1 (Briefly describe the organization's mission or most significant activities: SEE BI	ELOW.		
رچ		, , , , , , , , , , , , , , , , , , , ,			
EG.	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
(<u>§</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
℃	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
—°∂.	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	•	5	4
₩	6	Total number of volunteers (estimate if necessary)		6	5
_ <u>≩</u>	72	Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	1,065.
حۆ	, L	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
<u>u</u>	5	Net difference administration in the second		Prior Year	Current Year
SCANNED Activities & Coversion	8	Contributions and grants (Part VIII, line 1h)		123,356.	85,854.
₹₿	9	Program service revenue (Part VIII, line 2g)	.	451,411.	414,108.
Šē	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	i i	107.	65.
28	11 (Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)		830.	39,056.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		575,704.	539,083.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3 012	1,619.	1,100.	
		Benefits paid to or for members (Part IX) column (A), line 4)	0.	0.	
	1 4-	Salaries, other compensation, employee benefits (Part IX, column (A); lines 510)	-	82,909.	83,260.
Expenses	15		02,505.	0.00.	
ē	16a	Professional fundraising fees (Part IX, column A) Infe 17e	o".		
Ä	- D			371,549.	443,779.
	17	Other expenses (Part IX, column (A), lines †1a-11d, 11f-24e)	· ·	456,077.	528,139.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	·	119,627.	10,944.
	19	Revenue less expenses. Subtract line 18 from line 12	D ₀		
Net Assets or	2	Tables de (Daty Lee 40)	DE	ginning of Current Year 1,056,328.	End of Year 990, 913.
SSE	20	Total assets (Part X, line 16)	-	387,257.	310,900.
et	21	Total liabilities (Part X, line 26)	·	669,071.	680,013.
	22	Net assets or fund balances. Subtract line 21 from line 20		009,071.	000,013.
	art II	Signature Block		unto and to the heat of m	. ka awladaa and balaf it ia
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and bellet, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.	1/2
		Signature of officer		Date	
Siç	gn			Date	
He	ere	JON BECKERMAN, TREASURER			
		Type or print name and title	 n	Date Check	PTIN
		Print/Type preparer's name	l l		
Pa		CAROLYN AUSTIN Quolyn HVOG	<u> </u>	II-27-12 setf-employ	
	eparer	Firm's name SCIARABBA WALKER & CO., LLP		Firm's EIN	16-1071694
Us	e Only	Firm's address ≥ 200 E BUFFALO ST, SUITE 402			05 050
		ITHACA, NY 14850		Phone no. 6	07-272-5550
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2011) SIGMA PI - MU CHAPTER	15-0448140 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	SEE LINE 4 BELOW.	
2	Did the organization undertake any significant program services during the year which were n	
	the prior Form 990 or 990-EZ?	☐ Yes X No
_	If "Yes," describe these new services on Schedule O	program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	brogram services? La Yes La No
_	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest pro- Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep	
	others, the total expenses, and revenue, if any, for each program service reported	on the amount of grants and another to
4a) (Povonuo \$
74	TO PROVIDE HOUSING AND FELLOWSHIP TO METRICULA	TED UNDERGRADUATE MEMBERS
	OF SIGMA PI MU CHAPTER AT CORNELL UNIVERSITY.	THE CHERROIGIDENTE MEMBERS
	OF DIGMA FI MO CHAFTER AT CORNEDD ONIVERDITI.	
		
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
		— <u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
		
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Reve	enue \$)_
4e	Total program service expenses ► 510,604.	

Form 990 (2011) SIGMA PI - MU CHAPTER
Part IV Checklist of Required Schedules

			Yes	No
	to the approximation described in another E01(a)(b) or 4047(a)(1) (athor then a private foundation)?		163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		x
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	, , , , , , , , , , , , , , , , , , , ,	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	ļ.—.	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			J
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		- V
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19 20a	1	X
20a		20a	+	A
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•	990	(2011)

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X

36

37

If "Yes," complete Schedule R, Part V, line 2

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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Par				
	. Check if Schedule O contains a response to any question in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		i	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
2a	filed for the calendar year ending with or within the year covered by this return 2a 4			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
0-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	х	
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	· ·			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
		5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a		6-	x	
	any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6	Х	
_	were not tax deductible?	6b	Λ_	
7	Organizations that may receive deductible contributions under section 170(c).	70		
a	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 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/6		
С		7-		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥		
е		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	1	-
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_	1	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_	 	
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a	1	├
b	·	9b	1	-
10	Section 501(c)(7) organizations. Enter			ļ
а	•	_		
b	• • • • • • • • • • • • • • • • • • • •	4		1
11	Section 501(c)(12) organizations. Enter			
а		4		
b				
	amounts due or received from them)	۱,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	+	+
а	· · · · · · · · · · · · · · · · · · ·	_13a	 	+
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	-		
c		+		77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	┼	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	See	instructions.			
	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sect</u>	ion 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	5			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_			
þ	Enter the number of voting members included in line 1a, above, who are independent	1b_	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other		İ	
	officer, director, trustee, or key employee?			2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision		.]	
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>_X</u>
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?		661 - 4	10a		<u>X</u>
ь	If "Yes," did the organization have written policies and procedures governing the activities of such c	napte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y bero	ore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		-fl-+a0	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, c	lescribe	40-		7
40	In Schedule O how this was done			12c		<u>X</u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve	م برط ام	ndonondout	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	ndependent			
_				150		x
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
ioa	taxable entity during the year?	HIGH	WILLIA	16a		x
ь.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate ite	narticination	ioa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organi					
	exempt status with respect to such arrangements?	acc	511 5	16b		
Sec	tion C. Disclosure			100	L	
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	le ole	
	for public inspection. Indicate how you made these available. Check all that apply.	,	X-1X-1731			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	ıd fınaı	ncial	
. •	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organiza	ition:	•	
	SCIARABBA WALKER & CO., LLP - 607-272-5550				******	
	200 E. BUFFALO ST., ITHACA, NY 14850					

	m 990 (20 <u>11)</u>	SIGMA PI - MU_CHAPTER	15-0448140 Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated . Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

	Off: Discrete	T V F	فممطونا اممم حمينات	Componented Employees
Section A.	Officers, Directors,	Trustees. Kev En	nbiovees, and Hignest	Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid _
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	nsat			<u> </u>
(A) (B				_ (0)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			than o	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Ler ai	uau	recto	174105	iee,	from	from related	other
	(describe	ect						the	organizations	compensation
	hours for	0.0	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	uste	trus		 83	le l		(88-2/1099-181130)		organization and related
	in Schedule	l mar	tronal		old	yee y	_			organizations
	0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			
(1) ZACK SMITH										
PRESIDENT	1.00	X	ļ	X		_	_	0.	0.	0.
(2) JOSEPH KUSSIN			l	İ						_
VICE PRESIDENT	1.00	X	_	Х	_	L.		0.	0.	0.
(3) SAMUEL HENDRICKSON						1			_	_
SECRETARY	1.00	X		X				0.	0.	0.
(4) JON BECKERMAN								_		
TREASURER	1.00	X	<u> </u>	X	_			0.	0.	0.
(5) JOHN HAGGERTY										
ALUMNI TREASURER	1.00	X	_	X		<u> </u>		0.	0.	0,
					İ					
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	ļ			
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Pan	VII Section A. Officers, Directors, Tru	<u>ıstees, Key Eı</u>	nplo	yee	s, aı	nd l	<u>ligh</u>	<u>est</u>	Compensated Employ	ees (continued)						
	· (A)	(B)			(C)			(D)	(E)		(F)				
	Name and title	Average	140		Posi		than •	one	Reportable Reportable			Estimated				
		hours per	Ďох	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		am	ount c	of		
		week	\vdash	cer an	dad	recto	or/trus	tee)	from	from related			other			
		(describe	ector						the	organizations		com	pensat	tion		
		hours for	ā	ا ا			휼		organization	(W-2/1099-MIS	C)		om the			
		related	stee	ruste		_	Bells	1	(W-2/1099-MISC)			•	anızatı			
		organizations	Individual trustee or director	Institutional trustee	•	Key employee	Highest compensated employee				ł		l relate			
		in Schedule	IMI	慧	Officer	em /	pest Boy	Former			1	orga	nızatıc	ons		
		O)	틸	을	₽	ą.	₹.5	2								
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45	Cub total	,l.,	Ь		1		_		0.		0.			0.		
	Sub-total	III. Castian A							0.		Ö.			0.		
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.		
	Total (add lines 1b and 1c)									2 000 of war and about				<u> </u>		
2	Total number of individuals (including but i	not limited to t	nose	list	ed a	bov	e) w	no r	eceived more than \$10	0,000 of reportable	e			0		
	compensation from the organization												V 1	0		
											1		Yes	No		
3	Did the organization list any former officer	, director, or tr	uste	e, k	ey e	mpl	oyee	, or	highest compensated e	employee on						
	line 1a? If "Yes," complete Schedule J for	such individua	1									_ 3		X		
4	For any individual listed on line 1a, is the s	um of reportat	ole c	omp	ens	atıo	n an	d ot	her compensation from	the organization						
	and related organizations greater than \$15	50,000? If "Yes	, " C	omp	lete .	Sch	edui	e J	for such individual			4		X		
5	Did any person listed on line 1a receive or									ridual for services						
•	rendered to the organization? If "Yes," cor								J			5		Х		
Sec	tion B. Independent Contractors					,										
	Complete this table for your five highest or	omponented in	don	ond	ent d	cont	tract	ore :	that received more than	\$100 000 of com	nens	ation	rom			
1	the organization Report compensation for										.pcs	allon				
		trie caleridai	yeai	enu	iiig v	VV ILI I	01 4	VILIII		year			``			
	(A) Name and busines:	e addraee	3.7	~ N.T	T-3				(B) Description of	services	C	ر Ompe	C) nsatio	n		
	Name and busines.	3 2001033	N	ON	<u> </u>	_			Bosonption of			-				
							-	-								
							-							-		
				l					d abaua\t	mara than				_		
2	Total number of independent contractors		not	umit	ea to	י נחני	_	iste	u above) who received	nore man						
	\$100,000 of compensation from the organ	nization >					0						000			
												Form	990 (2011		

Statement of Revenue Part VIII (**D)** Revenue excluded from (A) (B) (C) Related or Unrelated Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 40,1001b Membership dues Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 45,754. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 85,854 h Total. Add lines 1a-1f Business Code 225,750 225,750. 721310 2 a ROOM Program Service 152,709. 152,709 **b** BOARD 721310 SOCIAL 900099 23,006. 23,006. 900099 6,450. 6,450. d NEW MEMBER FEES 900099 1,000. 1,000 e HOUSE EVENT RENTAL 5,193 900099 5,193. f All other program service revenue 414,108 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 65. 65 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 14,250 11 a PRIOR YEAR NATIONAL AD 900099 14,250. 13,400. 13,400 900099 ь HOUSE CORP. SUBSIDIES 900099 7,980. 7,980 c CHAPTER ASSESSMENT REC 3,426. 900099 3,426 d All other revenue 39,056. e Total. Add lines 11a-11d 539,083 452,164 1,065 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

D-	Check if Schedule O contains a response	(A)	(B) i	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	4 400	4 400		
	organizations in the United States. See Part IV, line 21	1,100.	1,100.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members			_	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	72 502	72 502	_	
7	Other salaries and wages	73,583.	73,583.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	1 707	1 707		
9	Other employee benefits	1,787.	1,787.		
10	Payroll taxes	7,890.	7,890.		
11	Fees for services (non-employees)				
а	Management	 .			
b	Legal	17 525		17 525	
С	Accounting	17,535.		17,535.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1 277	1 277		
g	Other	1,377.	1,377.		.=
12	Advertising and promotion	1 206	1,296.		
13	Office expenses	1,296.	1,490.	· ·	
14	Information technology				
15	Royalties	106 005	106,995.		· · · · · · · · · · · · · · · · · · ·
16	Occupancy	106,995.	100,333.		
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,807.	18,807.	-	
20	Interest Payments to offiliates	<u> </u>	10,007.		
21	Payments to affiliates Depreciation, depletion, and amortization	40,173.	40,173.		
22	· · · · · · · · · · · · · · · · · · ·	23,452.	23,452.	-	
23	Insurance Other expenses. Itemize expenses not covered	43,434.	43,434.		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOOD GOGEG	86,364.	86,364.		
b	SOCIAL EXPENSE	48,519.	48,519.		
С	ALIBOIT DADDMODO	42,128.	42,128.		
d	FORMAL RECRUITMENT	11,424.	11,424.		
е	A11 11	45,709.	45,709.	<u></u>	
25	Total functional expenses. Add lines 1 through 24e	528,139.	510,604.	17,535.	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)				

Par	t X 📗	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		41,553.	1	7,659.
	2	Savings and temporary cash investments		23,639.	2	28,462.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	15,885.	4	10,586.	
	5	Receivables from current and former officers, directors, tri				
	•	employees, and highest compensated employees Compl				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined up	nder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and	1			
		employers and sponsoring organizations of section 501(c)				
		employees' beneficiary organizations (see instructions)	` '		6	
Assets	7	Notes and loans receivable, net			7	
SS(8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	· [2,233.	9	4,174.
		Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D 10a	1,639,780.		1	
	b	Less: accumulated depreciation 10b	719,271.	960,682.	10c	920,509.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11	Ī		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		9,464.	14	8,950.
	15	Other assets See Part IV, line 11		2,872.	15	10,573.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,056,328.	16	990,913.
	17	Accounts payable and accrued expenses		9,142.	17	5,509.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key employees,			
igpi		highest compensated employees, and disqualified persor	ns Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties	350,620.	23	<u>275,605.</u>
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24). C	Complete Part X of			İ
		Schedule D	1	27,495.	25	29,786.
	26	Total liabilities. Add lines 17 through 25		387,257.	26	310,900.
		Organizations that follow SFAS 117, check here	and complete			
es	1	lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	-		27	
3al	28	Temporanly restricted net assets	-		28	
뒫	29	Permanently restricted net assets			29	
Ξ	ļ	Organizations that do not follow SFAS 117, check here	e ▶ LXJand			
ō		complete lines 30 through 34.		•		
ets	30	Capital stock or trust principal, or current funds		0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment		0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds	669,071.		680,013.
Z	33	Total net assets or fund balances	-	669,071.	33	680,013.
	34	Total liabilities and net assets/fund balances		1,056,328.	34	990,913.

Form **990** (2011)

orm	990 (2011) SIGMA PI - MU CHAPTER	15-0448	<u>;140 </u>	Pag	<u>e 12</u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	669	3,13 9,94 9,0	39. 44. 71. -2.
	rt XII Financial Statements and Reporting	· · ·			
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O	2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?		2b		X
b		o oudit	20		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1 1		
За	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a	l	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

STOMA DT - MII CHAPTER

Employer identification number 15-0448140

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line 6								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
	Aggregate contributions to (during year)								
	Aggregate grants from (during year)								
	Aggregate value at end of year								
	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	used funds						
9	are the organization's property, subject to the organization's e		Yes No						
6		-							
Ü	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No						
Par		anization answered "Yes" to Form 990.							
1	Purpose(s) of conservation easements held by the organization								
•	Preservation of land for public use (e.g., recreation or ed		nistorically important land area						
	Protection of natural habitat	· —	ertified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last						
_	day of the tax year								
	day of the tax your		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
G	Number of conservation easements on a certified historic stru	cture included in (a)	2c						
d	Number of conservation easements included in (c) acquired a								
_	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	<u> </u>						
Ū	year▶	, , , , , , , , , , , , , , , , , , , ,	3						
4	Number of states where property subject to conservation eas	ement is located ▶							
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	- If						
	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and e								
8	Does each conservation easement reported on line 2(d) above								
_	and section 170(h)(4)(B)(ii)?	•	Yes No						
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organizati								
	conservation easements								
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.						
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	ement and balance sheet works of art,						
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that describ	pes these items							
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	oublic service, provide the following amounts						
	relating to these items								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ							
	the following amounts required to be reported under SFAS 1								
а	Revenues included in Form 990, Part VIII, line 1	·	> \$						
	Assets included in Form 990, Part X		* \$						

		L - MU CHA				<u> </u>				Page ∠
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	<u>easures, o</u>	r Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a sigr	nificant u	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d	ı 🔲 t	oan or exc	hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations						-			
	Provide a description of the organization's co	illections and explain	n how th	ev further ti	he organizatio	n's exemi	ot purpo	se in Parl	XIV	
	During the year, did the organization solicit of									
•	to be sold to raise funds rather than to be ma					i Sirriniar a	33013		Yes	□ No
Par	t IV Escrow and Custodial Arrang					Voc" to E	rm 000	Port IV I		110
ı aı			ete ii tile	organizatio	in answered	TES LOTE	Jiii 990	, rait iv, i	irie 9, or	
	reported an amount on Form 990, Part X, line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
та		an or other intermed	lary for o	contribution	is or other ass	sets not in	iciuaea		٦.,	<u>г</u>
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:						_
								 .	Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part I	V, line 10				
		(a) Current year	(b) P	rior year	(c) Two years	s back (d	i) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions								_	
С	Net investment earnings, gains, and losses								_	
d	Grants or scholarships									
e	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end haland	e (line 1	a column (s	a)) held as					
	Board designated or quasi-endowment	one year one balanc	%	g, 00.011111 (c	4), 11014 45					
а ь	Permanent endowment	%	_′°							
b	Temporarily restricted endowment	% %								
С		•								
_	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are neid a	ına administei	rea for the	organiz	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	1								
	Description of property	(a) Cost or o			t or other		umulate		(d) Book	value
		basis (investi	ment)		(other)	depr	eciation			
1a	Land				5,100.	2				100.
b	Buildings				0,223.		<u> 28,3</u>			<u>.,879.</u>
С	Leasehold improvements				2,431.		<u>31,7</u>) <u>,639.</u>
d	Equipment				32,381.		<u>24,6</u>			7,736.
e	Other			14	9,645.	1	<u>34,4</u>	90.		<u>,155.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B). line :	10(c).)				920	,509.

Schedule D (Form 990) 2011

<u>Sche</u>	dule D (Form 990) 2011 SIGMA PI - MU CHAPTER			<u> 15-04481</u>	<u>.40 Page 4</u>
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited f	inancial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10		
Pa	t XII Reconciliation of Revenue per Audited Financial State	ments With	Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a]	
b	Donated services and use of facilities	2b		_	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d		<u> </u>	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b		_	
С	Other losses	2c]	
d	Other (Describe in Part XIV)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>		5	
Pa	rt XIV Supplemental Information				
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	art III, lines 1a ar	nd 4, Part IV, lines	1b and 2b, Part	V, line 4, Part
X, lır	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also	complete this par	t to provide any ad	dditional informa	tion

SCHEDULE O

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

SIGMA PI - MU CHAPTER	15-0448140
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS	A FRATERNITY
HOUSE, WHICH HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE	FRATERNITY ELECT
THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS OF THE	FRATERNITY
APPROVE DECISIONS OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE SIGNING OFFICE	R REVIEWS FORM
990 BEFORE IT IS SIGNED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION W	
DOCUMENTS UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
ROUNDING	-2.
	
	

.form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2012)

● If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	X	
● If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	this form)			
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a corp	oration	
required	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	68 to request an e	extension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers A	ssociated With Ce	ertaın	
Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions) For more details o	on the elec	tronic filing of this	form,	
visit wu	w irs gov/efile and click on e-file for Charities & Nonprofits						
Part	I Automatic 3-Month Extension of Time	only s	submit original (no copies ne	eded).			
A corpo	pration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete			
Part I o	nly				•	▶ ∐	
	r corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	t an exten	sion of time		
to file in	come tax returns.						
Type o	Type or Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or			
print							
5 .1.1.1.1.	SIGMA PI - MU CHAPTER			X 15-0448140			
File by the due date t		ee instruc	tions	Social sec	N)		
filing your return Se							
instruction		oreign add	lress, see instructions.				
	ITHACA, NY 14851						
							
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
ls For		Code	Is For	Code			
Form 9	90	01	Form 990-T (corporation)				
Form 9	90-BL	02	Form 1041-A	08			
Form 9	90·EZ	01	Form 4720			09	
Form 9	90-PF	04	Form 5227				
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
	SCIARABBA WALKI	ER &					
• The	books are in the care of ▶ 200 E. BUFFALO						
	phone No ► 607-272-5550		FAX No ▶ 607-273-63				
	e organization does not have an office or place of business	s in the Ur				▶ □	
	is is for a Group Return, enter the organization's four digit			If this is for	r the whole group,	check this	
box >		7			• .		
	request an automatic 3-month (6 months for a corporation				0.0 1.10 0.110.10.011		
	FEBRUARY 15, 2013, to file the exemp				The extension		
-	s for the organization's return for	r organiza	alon rotall for the organization ham	od dboro	THE EXTENSION		
	. .						
	►	or	nd ending JUN 30, 2012	1			
•	tax year beginning OOD 17 2011	, a.	10 chaing		_		
a 1	f the tax year entered in line 1 in for less than 12 months. s	shook room	on Initial return	Final retur	n		
2 l	f the tax year entered in line 1 is for less than 12 months, o	HECK ICAS	inda return	i iliai ietui	.,		
	Change in accounting period						
	(4b)	0000			<u> </u>		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						0	
-	nonrefundable credits. See instructions			3a	\$	0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	-				^	
_	estimated tax payments made Include any prior year overp			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa	-				^	
	by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.	
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in	structions _	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.