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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

OMB No 1545-0047

2011

Open to Public Inspection

<u>~</u> _	For the 2	U11 cale	ndar year, or tax year beginning July I , 2011, and en	iding	June	30	, 20 12	
В	Check if ap	plicable	C Name of organization Sigma Phi Epsilon Fraternity lowa Gamma Chapter	r		Employe	er identification n	umber
\square	Address ch	ange	Doing Business As			42-0524734		
	Name char	ae	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	Ε	Telephon	e number	
$\overline{\Box}$	Initial return	-	Fraternity Business Service 132 Iowa Memorial Union				319-384-1855	
一	Terminated		City or town, state or country, and ZIP + 4					
\exists	Amended r		Iowa City, IA 52242-1317			Gross re	ceints \$	350783
\Box			F Name and address of principal officer Sam Whelan	ш/			or affiliates? Yes	
ш	Application	pending	702 N. Dubuque st. Iowa City, IA 52242			•		_
							cluded?	
<u>'-</u>	Tax-exemp		□ 501(c)(3)				•	-
<u>:-</u>	Website:				(c) Group e		number ►	0309
K			✓ Corporation Trust Association Other ► L Year of for	mation		M State	of legal domicile	<u>IA</u>
نا		Summ						
	4	-	escribe the organization's mission or most significant activities					
á	<u> </u>	rovide a	and continue educational, social, and environmental learning.				•••••	
ä								
& Governance			··········· <u></u> ·······················					
Š	2 C	heck th	is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispose	ed of mor	re than 2	25% of i	ts net assets	
<u>م</u>	3 N	umber	of voting members of the governing body (Part VI, line 1a)			3		99
es.	4 N	umber	of independent voting members of the governing body (Part VI, line	1b)		4		99
ŧ	5 T	otal nur	mber of individuals employed in calendar year 2011 (Part V, line 2a)			5		0
Activities	6 T	otal nur	nber of volunteers (estimate if necessary)			6		3
⋖	7a T	otal unr	elated business revenue from Part VIII, column (C), line 12			7a		
	b N	et unrel	ated business taxable income from Form 990-T, line 34			7b		
			· · · · · · · · · · · · · · · · · · ·		Prior Yea	r	Current Y	ear
_	8 C	ontribu	tions and grants (Part VIII, line 1h)			87288		103755
Revenue	9 P		service revenue (Part VIII, line 2g)			217702		245689
Ş	10 Ir	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)					
æ	11 0		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			8721		1339
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			313711		350783
			nd similar amounts paid (Part IX, column (A), lines 1–3)			313711		330703
			paid to or for members (Part IX, column (A), line 4)			+		
	45 0					-		
šes	15 S		other compensation, employee benefits (Part IX, column (A), lines 5–10)					
Expenses	16a P		onal fundraising fees (Part IX, column (A), line 11e)		- , ,,		W/ - A . // W/	400CY 200 14
×	b T		draising expenses (Part IX, column (D), line 25) ▶	2 2				7 1
	117		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			306293		356282
		•	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L		306293		356282
_		evenue	less expenses. Subtract line 18 from line 12			7418		(5499)
Net Assets or	3			Beginni	ing of Curr	1	End of Ye	
Set	20 T	otal ass	ets (Part X, line 16) RECEIVED	7		66588		58793
¥.5	21 T	otal liab		ł L		0		0
ž	22 N	et asse	ts or fund balances. Subtract line 21 ftpm line 20			66588		58793
Р	art II	Signat	ture Block O NUV 2 1 2012 Y					
Ur	nder penaltie	s of perju	ry, I declare that I have examined this return, including accompanying schedules and s	tatements,	and to the	best of m	ny knowledge and	belief, it is
tn	ue, correct, a	ind comp	lete Declaration of preparer (other than officer) is based on all information of while preparer	arer has ar	ny knowled	dge		
		1	The LOULIN, UI		EA	1-14	-12	
Sig	gn 📗	Sign	ature of officer		Date	1		
Нє	ere		Sam Whelan					
	İ	Туре	e or print name and title					
D-	aid .	Print/Ty	pe preparer's name Preparer's manue	Date	4	Check	T if PTIN	
	aid	Paul B	raem PS///	10-2	2-12	self-emp		12510
	eparer	Firm's r	Footamily Business Coming	<u> </u>	Firm's	EIN ▶	42-60048	
U	se Only		address ► 132 Iowa Memorial Union Iowa City, IA 52242		Phone		319-384-18	
Ma	y the IRS		s this return with the preparer shown above? (see instructions)					s □ No
_				at No 1128	82Y	<u> </u>		990 (2011)
			the state of the s					. ,

Form 99) (2011) Pag
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Provide and continue educational, social, and environmental learning.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	g. a
	(Code:) (Expenses \$ 132799 including grants of \$) (Revenue \$)
70	One-vinement
	Occupancy
4b	(Code:) (Expenses \$106670 including grants of \$) (Revenue \$)
	Food
4c	(Code:) (Expenses \$ 32794 including grants of \$) (Revenue \$)
	Social
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 272263

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	ļ	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<i>'</i>
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	7 1		
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		√
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		· ✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		ļ ·
	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	-	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		▼

Part	Checklist of Required Schedules (continued)			-5-
04			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
25a		25a		V ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	051		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	25b 26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3 / A
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		\
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
20	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a 3	Ç.	*	,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**	y	*
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	نىسىد		أحسنا
_	reportable gaming (gambling) winnings to prize winners?	1c	✓_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	9 5	**	· *
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		-	لحث
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	288° 2
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶	70	· Also Alle	shill the
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	٠.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	::		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).		" <u>f</u> ",	, y Se Mases
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
С	required to file Form 8282?	7c		✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year	2		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	200	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		/
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	منع	70%	
	organization, have excess business holdings at any time during the year?	8	6.1	✓
9	Sponsoring organizations maintaining donor advised funds.		كتعكت	لگيد
a	Did the organization make any taxable distributions under section 4966?	9a		√
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	بخر	∀
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0	*		WALL A
11	Section 501(c)(12) organizations. Enter:			7.5%
а	Gross income from members or shareholders	م : م ایک تاسیل		零
b	Gross income from other sources (Do not net amounts due or paid to other sources	કેંકુ (નૈં, . જ		- 🔅
	against amounts due or received from them.)			, , , , , , , , , , , , , , , , , , ,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		\$, <i>\$</i>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	¥.	ľi	*
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	21 2000	√
ı.	Note. See the instructions for additional information the organization must report on Schedule O.	1 ,		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		5. 7	727	
с 14а		14-	* *	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		*
			n 99 0	(2011)

	0 (2011)				Page 6	
Part		-				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule			truct	ions.	
04	Check if Schedule O contains a response to any question in this Part VI	• •	·	<u> </u>	<u>. Ll</u>	
Secti	on A. Governing Body and Management			Yes	l No	
10	Enter the number of veting members of the governing body at the and of the tay year	99		res	No	
ıa	Enter the number of voting members of the governing body at the end of the tax year	- 99	. %**		2 %	
	if the governing body delegated broad authority to an executive committee or similar	ŀ	· ·		· · · · · · · · · · · · · · · · · · ·	
	committee, explain in Schedule O.		**	,7 ; 1	ş 🕸	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	99				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			¥′	
	any other officer, director, trustee, or key employee?	. [2		1	
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Ī	4		1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. [5		1	
6	Did the organization have members or stockholders?		6		✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	one or more members of the governing body?	1_	7a		✓_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	ers,			√	
8			7b	, 40	i War	
0	Did the organization contemporaneously document the meetings held or written actions undertaken du the year by the following:	- 1	· · · · · · · · · · · · · · · · · · ·			
а	The governing body?	-	 8a			
b	Each committee with authority to act on behalf of the governing body?	·	8b		1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at			一	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal F	'evenu	ie C	ode.)		
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a	✓_	<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	_			,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	<u> </u>	10b		V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- I-	11a	. , , , , , , ,	V	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	1-	12a	- 24	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli		12b		1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,"				
	describe in Schedule O how this was done		12c		✓_	
13	Did the organization have a written whistleblower policy?	. [13		✓	
14	Did the organization have a written document retention and destruction policy?	.	14		✓	
15	Did the process for determining compensation of the following persons include a review and approva independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		, No.			
_	· · · · · · · · · · · · · · · · · · ·	-	45-			
a b	The organization's CEO, Executive Director, or top management official		15a 15b		<u>/</u>	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130	i (1)	V . 34	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		34			
	with a taxable entity during the year?	-	16a		1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its	1		\\\	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		, j	<u>. </u>	****	
	organization's exempt status with respect to such arrangements?	·	16b			
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE		E01,	-\/0\		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S available for public inspection. Indicate how you made these available. Check all that apply.	ection	5U1(ပ)(၁)S	only)	
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	flict of	inter	est n	olicy	
. •	and financial statements available to the public during the tax year.		,	23. P	y,	
20	State the name, physical address, and telephone number of the person who possesses the books and rec	cords o	of the	•		
	organization. ► Fraternity Business Service , 132 Iowa Memorial Union Iowa City, IA 52242 Paul Braem 319					

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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							

Section A. Officers, Directors, Trustees, Key Employees, and Highest 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.

☑ Check this box if neither the organization noi	any relate	d orga	anız	atio	on c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, i	unles er and	Pos neck is pe	rson Irect	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tyler Reaumond, President	10	:		✓				o	0	0
(2) Mitch Grant, Vice President	5			/				0	0	0
(3) Sam Whelan, Treasurer	3			1				0		0
(4)	,			•					0	0
(5)										
(6)										
(7)										
(8)					T					
(9)										
(10)							-			
(11)			<u> </u>	-		_				
(12)										
(13)								-		
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ntinue	ed)	
	(A) Name and title		box,	unles	Pos eck s pe	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation free	om	(F) Estimate amount o	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensate from the organization and relate organization	e on ed
(15)												•	
(16)													
(17)					_	-					_		
(18)													
(19)								-					
(20)													
(21)			-										
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio		•	•		•	> > >	0 0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	d to th					e) w	1	ore than \$100		of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc	tor, c							est compens	ated		No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000)? //	f "Ye	s, "	complete Sch				Ţ
5	Did any person listed on line 1a receive of for services rendered to the organization											5	y * 35
Section	on B. Independent Contractors		<u>-</u> _										1 *
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensation	
				-									
2	Total number of independent contractor received more than \$100,000 of compens							L th	nose listed abo	ove) who		44	

Part	VIII	Statement of Revenue					
~				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Ľ,		*			revenue		512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a			,	g Se	^
유	b	Membership dues 1b	101000	e.			
₹ ₹	0	Fundraising events 1c	·· ···	*			
اق ق	d	Related organizations 1d Government grants (contributions) 1e		Ť			
Sin	e f	All other contributions, gifts, grants,	- -	· 🔅	*		
ig a	•	and similar amounts not included above	2755	¥65	e 's	* ~ «	3 · A · · · · · ·
혈절	g	Noncash contributions included in lines 1a-1f \$				•	
a Co	h	Total. Add lines 1a–1f	▶	103755	, ,a	4	2 3 W W
			Business Code	*		* 4	
Program Service Revenue	2a	Occupancy	, ,, ,,	150258	150258		
Se	b	Board		87390	87390		
Ş	С	Social Philanthropy		8041	8041		
Ser	d						
ᇤ	е						
ē	f	All other program service revenue .				26	<u> </u>
	<u>g</u> 3	Total. Add lines 2a–2f	•	245689	No. Marini Mark V. sak t	A Section Control	<u>`` ; </u>
	3	and other similar amounts)					
	4	Income from investment of tax-exempt bond		·			
	5	Royalties	•				
		(i) Real	(ii) Personal			7	
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)		-4-30			
	d	Net rental income or (loss)	, , , ▶ (ii) Other		***	70 to 80 min	********** * *************************
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	ь	Less: cost or other basis					
		and sales expenses .		The terms			* W :1 +
	С	Gain or (loss)			A		Y No.
	d	Net gain or (loss)	>				**************************************
_		<u> </u>			· was discussed		
enne/	8a	Gross income from fundraising				* * *	
		events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18 a					3-83 33
the	.	Less: direct expenses b		in the second			
Ò	b	Net income or (loss) from fundraising ev	vents ►	<u></u>		<u> </u>	
	•	Gross income from gaming activities.					
		See Part IV, line 19 a		'a *,			
	b	Less: direct expenses b			/ · · · · · · · · · · ·		
	С	Net income or (loss) from gaming activit	ties ▶				
	10a	Gross sales of inventory, less					-7 · ** * \$ \$ \$ \$ \$ \$ \$
		returns and allowances a				La cont	
	b	Less: cost of goods sold b Net income or (loss) from sales of inven	torv ▶		<u> </u>		* * * * * * * * * * * * * * * * * * *
			Business Code		<i>y</i> ^ *	*	
	11a	Prior Years		371	371	<u> </u>	
	b	Miscellaneous		968	968		
	С						
	d	All other revenue			9000000 000 000 000		
	e	Total. Add lines 11a–11d	💺	1339		, •, ′ · ※ `	
	12	Total revenue. See instructions	🟲	350783	I		

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).

Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			, *	* \$. 4. 4.			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			į.	·			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			·				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			\$ & A A A	ž ₁ 33 %			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9 10 11 a	Other employee benefits							
c d	Legal	6166	6166					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	27069	27069					
9 12 13 14	Advertising and promotion	8490	8490					
15 16 17	Royalties	239469	239469					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings . Interest	49214	49214					
21 22 23	Payments to affiliates	12795	12795					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
a b	Philanthropy Scholarship	1969 3177	1969 3177		W. W. W. W. W.			
c d	Alumni Event	7331	7331					
25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	356282	356282					
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	58937	1	53517
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7651	4	5276
	5	Receivables from current and former officers, directors, trustees, key	四年 李章 中	+ <i>//</i> 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S		employees, and highest compensated employees. Complete Part II of Schedule L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	* * * 7 * 7
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		5	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		پرينور	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	66588	16	58793
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	··· <u>-</u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	7420	27	(5499)
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		29	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .	59168	32	66588
	33	Total net assets or fund balances	66588	33	58793
	34	Total liabilities and net assets/fund balances	66588	34	58793

Form 99	90 (2011)			Pa	age 12
Part	XI Reconciliation of Net Assets			-	<u> </u>
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39	50783
2	Total expenses (must equal Part IX, column (A), line 25)	2			56282
3	Revenue less expenses. Subtract line 2 from line 1			(5499)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			66588	
5	Other changes in net assets or fund balances (explain in Schedule O)		(2295)		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			58793
Part	XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	۱ 🚜		
	Schedule O.		X		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			✓	
b	Were the organization's financial statements audited by an independent accountant?				✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		ļ.	١.	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and accounts the second selection of an independent accounts the second selection of account selection of account selection of account selection of account selection selectio			✓	-
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ir			SECTION AND ADDRESS.
				7	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were) (
			j.		
За	✓ 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 :		题: 3	
Ja	the Single Audit Act and OMB Circular A-133?		' За		/

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3а

3b

Form **990** (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Sigma Phi Epsilon Fraternity Iowa Gamma Chapter 42-0524734 Part 6 #11 Treasurer reviews form 990 Part 6 #19 Copies of form 990 are kept by Fraternity Business Service and the treasurer of the corporation. Forms are provided upon request. Part 11 #5 Jason Meyer '97 to collections (2295)