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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**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)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SIGMA PHI SOCIETY INC	<b>D</b> Employer identification number 13-5392442
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1404 SHIPPAN AVE	<b>E</b> Telephone number (203) 353-1517
	City or town, state or country, and ZIP + 4 STAMFORD, CT 069027829	<b>F</b> Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** WWW.SIGMAPHI.ORG

**J Tax-exempt status** (check only one)  501(c)(3)  501(c)(7) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 144,811**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	3,250
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	1,290
	<b>3</b> Membership dues and assessments	<b>3</b>	46,809
	<b>4</b> Investment income	<b>4</b>	3,672
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	84,584
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	78,215
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	6,369
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	5,206	
<b>b</b> Less cost of goods sold	<b>7b</b>	4,304	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	902	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	62,292	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	10,833
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	41,946
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	14,651
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	22,321
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	89,751	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-27,459
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	311,131
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	8,219
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	291,891

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	295,762	<b>22</b>	282,617
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	18,903	<b>24</b>	18,903
<b>25 Total assets</b> . . . . .	314,665	<b>25</b>	301,520
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	3,534	<b>26</b>	9,629
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	311,131	<b>27</b>	291,891

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

SIGMA PHI SOCIETY COORDINATES THE NATIONAL ACTIVITIES OF THE SIGMA PHI FRATERNITY

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

**28** BROTHERS HAVE MENTORS AND ROLE MODELS FROM UPPERCLASSMEN WHO PROVIDE SUPPORT AND GUIDANCE IN SCHOLASTICS, SOCIAL BEHAVIOR, LOYALTY, HONOR, AND INDIVIDUAL RESPONSIBILITY. THE CHAPTER HOUSE SETTING PROVIDES NUMEROUS OPPORTUNITIES TO DEVELOP INTEGRATED SKILLS. A SIG WILL BE EXPECTED TO MAINTAIN HIGHER-THAN-AVERAGE GRADES, PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES, PARTICIPATE IN VOLUNTEER WORK IN THE COMMUNITY, LEARN HOW THE LIVING UNIT IS MANAGED, AND PARTICIPATE IN THE BUSINESS MANAGEMENT OF THE CHAPTER HOUSE. BROTHERS WILL PARTICIPATE IN ACTIVITIES THAT BUILD LINKS BETWEEN SIGMA PHI AND THE REST OF CAMPUS. CHAPTERS HAVE RECEPTIONS AND DINNERS TO FOSTER FREQUENT CONTACT WITH FACULTY MEMBERS. SOME CHAPTERS EVEN BRING NATIONALLY-KNOWN SPEAKERS TO CAMPUS. DURING 2012, THERE WERE TEN UNDERGRADUATE CHAPTERS WITH APPROXIMATELY 250 MEMBERS AND TWELVE ALUMNI CHAPTERS WITH APPROXIMATELY 6,300 ALUMNI.

(Grants \$ 0) If this amount includes foreign grants, check here  **28a** 0

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a)  **32**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of DEREK FREDRICKSON Telephone no (203) 353-1517 Located at 1404 SHIPPAN AVE STAMFORD, CT ZIP + 4 069027829
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2013-11-06 Date
	DEREK FREDRICKSON TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature BRUCE MAYER CPA CFP	Date	Check <input type="checkbox"/> if self-employed	PTIN P00187180
	Firm's name <input checked="" type="checkbox"/> WEGNER CPAS LLP			Firm's EIN <input checked="" type="checkbox"/> 39-0974031	
	Firm's address <input checked="" type="checkbox"/> 2110 LUANN LN MADISON, WI 537133074			Phone no (608) 274-4020	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Additional Data****Software ID:****Software Version:****EIN:** 13-5392442**Name:** SIGMA PHI SOCIETY INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a)</b> Name and title	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation
JAMES COLE II CHAIRMAN	2 00	0	0	0
ISRAEL MAYNARD VICE CHAIRMAN	1 00	0	0	0
GEORGE KETTERER TREASURER	2 00	0	0	0
DAVID MUNROE SECRETARY	2 00	0	0	0
SCOTT MCCRAE SECRETARY	10 00	10,833	0	0
GLENN GEORGE DELEGATE	1 00	0	0	0
BRENDAN MCCURDY DELEGATE	1 00	0	0	0
DANIEL NEUMANN DELEGATE	1 00	0	0	0
TIM STARR DELEGATE	1 00	0	0	0
ALBERT ROSALES DELEGATE	1 00	0	0	0
KURT HAIGIS DELEGATE	1 00	0	0	0
JONATHAN DAVIS BERGNER DELEGATE	1 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
SIGMA PHI SOCIETY INC

**Employer identification number**

13-5392442

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDENDS 3,669 INTEREST 3 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 3,672
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 5,206 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 4,304 GROSS PROFIT 902 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 4,304 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 4,304
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 568 DESCRIPTION TRAVEL AMOUNT 16,433 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 1,780 DESCRIPTION DUES AMOUNT 738 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 2,453 DESCRIPTION FOREIGN TAXES ON INVESTMENTS AMOUNT 18 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 331 TOTAL TO FORM 990-EZ, LINE 16 22,321
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS AMOUNT 8,219
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION NOTES AND LOANS RECEIVABLE BEG OF YEAR AMOUNT 18,903 END OF YEAR AMOUNT 18,903
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ESCROW ACCOUNT LIABILITY BEG OF YEAR AMOUNT 3,534 END OF YEAR AMOUNT 9,629