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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 fruist or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital tacilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pend 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

Open to Public Inspection

c Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	A F	or th	e 2012 calendar year, or tax year beginning JUL 1, 2012	and endi	ng JUN	1 3 <u>0</u> ,	2013		
Instant course Instant c	Ba	Check if	C Name of organization			Employer	identification number		
Number and street (or P.O. Dox, I mail is not delivered to street address) Room/suite E Telephone number SOJ 1266-5292		٦ .			ì				
Number and street (or P.O. Dox, I mail is not delivered to street address) Room/suite E Telephone number SOJ 1266-5292		Name	change MISSISSIPPI GAMMA CHAPTER	64-0713607					
P.O. BOX 1880 601-266-5292		7	Number and street (or P.O. how if mail is not delivered to street address)	R	oom/suite E				
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Securing Method: X Cash Accrus Other (specify) Method: Number 0.158	Ē	= -	City or town state or country and ZID - A		F				
Website: N/A		7	,		ľ				
Website: NJ/A Tax-exempt status (check only one) So1(c)(3) So1(c) (7) (insert no.) 4947(a)(1) or 527 (from 990, 990-E2, or 990-E7, or 990-	G A								
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K Check I I 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-E2 or Form 990-et 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 \$5, 60, and 7h. to fine 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, oldining) to the second of the property				4947(a)(1) or	527				
\$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. 1. Add lines 5b, 6c, and 7b, to the 91 of determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). Inte 25, column (8) below) are \$500,000 or more, tile Form 990-REV interest. Special provided in the provided interest. Special provided intere			- -						
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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). Ine 25, column (B) below) are \$500,000 or more, the Form 9300 instead of Form 9300-E2				illiay be required (St	56 11151111111111111	5). DUI II II II	e organization chooses to me		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)			•	or more or if total o	onata (Dart II				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				of filore, of it total a	SSEIS (Fait II		71510		
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16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 16 60312. 69082. 17 69082. 18 308. 19 15378.	Ш	15	Printing, publications, postage, and shipping			15	1750.		
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 308. 308. 19 15378.		1							
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) 19		 							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	iets	1							
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ass	1				19	15378.		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20							
	Z								
LHA For Paperwork Reduction Act Notice, see the separate instructions.	LHA		Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2012)		

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Form 990-EZ (2012) MISSISSIPPI GAMMA CHAPTER

| Pat | | Balance Sheets (see the instructions for Part ||)

Check if the organization used Schedule O to res	pond to any que:	stion in this Part II			. X
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		13004	. 22		14560.
23 Land and buildings			23		
24 Other assets (describe in Schedule O) SEE SCHEDULE O		2374			3926.
25 Total assets	<u> </u>	15378			18486.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O	<u> </u>	0	$\overline{}$		2800.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-	15378			15686.
Part III Statement of Program Service Accomplishmen	its (see the instru		•,	Fv	penses
Check if the organization used Schedule O to res	•	-	┎┰╢		for section
What is the organization's primary exempt purpose? SEE SCHEDULE O	poila to ally quot	Stiott in thio t are in	رحما		and 501(c)(4)
					ons and section) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program s manner, describe the services provided, the number of persons benefited, and other relevant informations.		enses in a clear and concise		for others.	
		TNC FOR		\neg	·
28 CHAPTER ACTIVITIES - PROVIDED CHAPT MEMBERS OF UNDERGRADUATE CHAPTER OF			— Ì	}	
	NATIONAL C	ODDEGIATE	—		
SOCIAL FRATERNITY.			 -,		
(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	28a	
29					
				ŀ	
				ŀ	
(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30					
				1	
(Grants \$) If this amount includes foreign g	rants, check here			30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign g	rants, check here	•		31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key E	mplovees List each	one even if not compensated (s	see the i		or Part IV)
Check if the organization used Schedule O to res					
	(b) Average hours	(C) Reportable		alth benefits,	(e) Estimated
(a) Name and title	per week devoted to	compensation (Forms	` contri	butions to yee benefit	amount of other
(a) Name and the	position	W-2/1099-MISC) (if not paid, enter -0-)	plans, a	and deferred	compensation
MTCV MICCUI			com	pensation	
NICK MISSEL	F 00			0	_
PRESIDENT	5.00	0.		0.	0.
GARDNER HEWES				•	
VP OF RECRUITMENT	5.00	0.		0.	0.
HUNTER FREEMAN		_			
VP OF RECRUITMENT	5.00	0.		0.	0.
BROOKS BECTON					
VP OF PROGRAMMING	5.00	0.		0.	0.
SPENCER GREGG					
CHAPLAIN	5.00	0.		0.	0.
LUKE ROWE					
VP OF COMMUNICATIONS	5.00	0.		0.	0.
PATRICK KIRBY					
VP OF MEMBERSHIP DEVELOPME	5.00	0.		0.	0.
MICHAEL GEMELLI	3.00				
VP OF FINANCE	5.00	0.		0.	0.
VF OF FINANCE	3.00				
]]		,	
	<u></u>	_ 			 -
					
	<u> </u>				
	<u> </u>				
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MISSISSIPPI GAMMA CHAPTER 64-0713607 Form 990-EZ (2012) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{X} Yes No 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 X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/A 35b 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 Х requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions Х b Did the organization file Form 1120-POL for this year? 37b 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? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter: 0. a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39Ь 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A _____; section 4912 **>**_____**N/A** section 4911 ; section 4955 🕨 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? N/A If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the N/A organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ► GREEK RESOURCE SERVICES. Telephone no. ► 205-758-7754 Located at ▶ 2118 8TH STREET, TUSCALOOSA, AL ZIP+4 ► 35401 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **▶** 43 | N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? X 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section

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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2012)

000 F7 (SIGMA PHI EPSILON							D 4
orm 990-EZ (2012) MISSISSIPPI GAMMA CHAPTER				<u>64-0713</u>	607		Page 4
46 Did the d	rganization engage, directly or indirectly, in political campaign activitie	s on behalf of or u	n oppositior	n to candidates for pi	iblic office?	[Yes	No
If Yes,	complete Schedule C, Part I				_	46		X
Part VI	Section 501(c)(3) organizations only	<u> </u>						
	All section 501(c)(3) organizations must answer questions 47-	49b and 52, and	d complete	the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to any	question in this	Part VI					
					<u> </u>		Yes	No
47 Did the o	rganization engage in lobbying activities or have a section 501(h) elec	tion in effect durin	g the tax ye	ar? If "Yes," complete	Sch. C, Part II	47		
48 Is the or	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	E			48		
49a Did the o	rganization make any transfers to an exempt non-charitable related or	ganization?				49a		
b If "Yes,"	was the related organization a section 527 organization?					49b		
50 Complet	e this table for the organization's five highest compensated employees	(other than office	rs, directors	, trustees and key er	nployees) who	each re	ceived	more
than \$10	0,000 of compensation from the organization. If there is none, enter *A	Vone."						_
	(a) Name and title of each employee	(b) Average		(C) Reportable	(d) Health benef		e) Estim	ated
	paid more than \$100,000	per week dev		compensation (Forms W-2/1099-MISC)	employee bene	_{fit} am	ount of	
	N/A	positioi	n 		plans, and defer compensation		mpens	ation
							-	
						- 1		
						_		
						ľ		
				L				
	mber of other employees paid over \$100,000	>	·					
-	e this table for the organization's five highest compensated independe	nt contractors who	each recei	ved more than \$100,	000 of comper	sation	from the	е
	tion. If there is none, enter "None." N/A							
(a) Name ar	d address of each independent contractor paid more than \$100,000		(b) Type o	f service	(<u>c</u>) Comp	<u>ensatio</u>	<u>n</u>
								
					-			
d Total =::	mhar of other independent contractors each recovers over \$100,000							
	mber of other independent contractors each receiving over \$100,000	otions and 4047/a	\/ 4 \ nonnya					
-	organization complete Schedule A? Note: All section 501(c)(3) organization to the section of the	alions and 4947(a)(i) nonexe	ampt			୮	_ N.
Under penalties	e trusts must attach a completed Schedule A of perjury, I declare that I have examined this return, including accompanying sched eparer (other than office) is based on all information of which preparer has any kno	dules and statements.	, and to the be	est of my knowledge and	belief, it is true, o	orrect, a	es nd comp	No lete
Declaration of pr	eparer (otner than officer) is based on all information of which preparer has any kno	wiedge			1112/1	13		
Sign	Signature of officer				Date			
Here	MICHAEL GEMELLI, VP OF FINANC	F						
	Type or print name and title	<u> </u>	_					
	Print/Type preparer's name Preparer's signature		Date	Check	ıf PTIN			
Paid	A .	1-1	111	self- emplo	_			
Preparer	JOHN MURDOCK JOYAWA	OK.	11/2	aks	'	1639	065	
Use Only	Firm's name SREEK RESOURCE SERVICE	S, INC.		Firm's FIA	► 63-10			
	Firm's address ▶ PO BOX 1880	D, 111C.		Phone no			8-7	754
	TUSCALOOSA, AL 35403-	1880		i none no	(20)	, , _		, , , =
May the IRS d	iscuss this return with the preparer shown above? See instructions					ΧY	es	No
	popular and advantage of the advantage o					_		(2012)
								,

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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Fórm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

SIGMA PHI EPSILON MISSISSIPPI GAMMA CHAPTER

Employer identification number 64-0713607

MISSISSIFFI GARMA CHAFIER 104-071	13007
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	1.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	···
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BAD DEBS & COLLECTION EXPENSES	2126.
NATIONAL FEES	14142.
CAMPUS ACTIVITIES	2360.
SUPPLIES	3024.
SOCIAL	
PURCHASE FUND	17860.
CREDIT CARD DISCOUNTS	1137.
OTHER	14531.
TOTAL TO FORM 990-EZ, LINE 16	60312.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE 2374.	3926.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF YEAR I	END OF YEAR
DEFERRED REVENUE 0.	2800.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE HOUSING,	MEALS &
SUPPORT FOR AN UNDERGRADUATE CHAPTER OF A NATIONAL COLLEGIATE SOC	CIAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990-100-100-100-100-100-100-100-100-100-	90 or 990-EZ) (2012)

SCHEDULE O (Fốrm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012 Open to Public

Name of the organization

SIGMA PHI EPSILON MISSISSIPPI GAMMA CHAPTER Inspection
Employer identification number 64-0713607

FRATERNITY.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.