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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization SIGMA PHI SOCIETY INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite 1404 SHIPPAN AVE
City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 069027829

D Employer identification number 13-5392442

E Telephone number (203) 353-1517

F 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) 527

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$180,447

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

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service revenue, Membership dues, Investment income, etc.), Expenses (Grants, Benefits, Salaries, etc.), and Net Assets (Excess or deficit, Net assets at beginning/end of year).

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
22 Cash, savings, and investments	282,617	22 402,026
23 Land and buildings		23
24 Other assets (describe in Schedule O)	18,903	24 13,903
25 Total assets	301,520	25 415,929
26 Total liabilities (describe in Schedule O)	9,629	26 11,242
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	291,891	27 404,687

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

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

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 2013, 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**

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table with Yes/No columns for questions 33-45b.

Yes No

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

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 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"

Table with 5 columns: (a) Name and title of each employee, (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"

Table with 3 columns: (a) Name and business address of each independent contractor, (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

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

Sign Here: Signature of officer (DEREK FREDRICKSON TREASURER) and Date (2014-06-24)

Paid Preparer Use Only: Print/Type preparer's name (BRUCE MAYER CPA), Preparer's signature, Date, Check self-employed, PTIN (P00187180), Firm's name (WEGNER CPAS LLP), Firm's EIN (39-0974031), Firm's address (2110 LUANN LN, MADISON, WI 537133074), Phone no (608) 274-4020

May the IRS discuss this return with the preparer shown above? See instructions

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES COLE II CHAIRMAN	2 00	0	0	0
BRENDAN MCCURDY VICE CHAIRMAN	1 00	0	0	0
DEREK FREDRICKSON TREASURER	2 00	0	0	0
NATHANIEL HOUSE SECRETARY	2 00	7,670	0	0
SCOTT MCCRAE SECRETARY	10 00	6,806	0	0
DAVID LOEB DELEGATE	1 00	0	0	0
JON HYSELL DELEGATE	1 00	0	0	0
J RICHARD TYNER DELEGATE	1 00	0	0	0
MICHAEL CHARLES PHIPPEN DELEGATE	1 00	0	0	0
THOMAS JARVI DELEGATE	1 00	0	0	0
JOHN ROMAINE DELEGATE	1 00	0	0	0
GLENN GEORGE 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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Name of the organization
SIGMA PHI SOCIETY INC

Employer identification number

13-5392442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 3,311 DESCRIPTION INTEREST INCOME AMOUNT 2 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 3,313
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 5,626 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 5,854 GROSS PROFIT -228 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 5,854 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 5,854
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 6,589 DESCRIPTION TRAVEL AMOUNT 10,624 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 11,991 DESCRIPTION DUES AMOUNT 3,758 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 6,736 DESCRIPTION FOREIGN TAXES ON INVESTMENTS AMOUNT 22 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 91 DESCRIPTION PAYROLL TAXES AMOUNT 3,864 TOTAL TO FORM 990-EZ, LINE 16 43,675
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS AMOUNT 103,792
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION NOTES AND LOANS RECEIVABLE BEG OF YEAR AMOUNT 18,903 END OF YEAR AMOUNT 13,903
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ESCROW ACCOUNT LIABILITY BEG OF YEAR AMOUNT 9,629 END OF YEAR AMOUNT 11,242