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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 foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: SIGMA PHI SOCIETY
Number and street (or P O box, if mail is not delivered to street address): 1404 SHIPPAN AVE
Room/suite:
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: [X] Cash [] Accrual Other (specify):

H Check [X] 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) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] 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. \$166,898

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 74,445 to 434,608.

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	402,026	22 429,635
23 Land and buildings		23
24 Other assets (describe in Schedule O)	13,903	24 13,903
25 Total assets	415,929	25 443,538
26 Total liabilities (describe in Schedule O)	11,242	26 8,930
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	404,687	27 434,608

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?
 COORDINATES THE NATIONAL ACTIVITIES OF THE SIGMA PHI FRATERNITY

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 UPPERCLASSMENWHO PROVIDE SUPPORT AND GUIDANCE IN SCHOLASTICS, SOCIALBEHAVIOR, 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 2014, 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 <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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
BRENDAN MCCURDY CHAIRMAN	2 00	0	0	0
MOSES CESARIO VICE CHAIRMAN	1 00	0	0	0
DEREK FREDRICKSON TREASURER	2 00	0	0	0
NATHANIEL HOUSE SECRETARY	10 00	11,076	0	0
SCOTT MCCRAE SECRETARY	1 00	0	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

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

		Yes	No
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		No
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. Otherwise, explain the change on Schedule O (see instructions)		No
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)?	Yes	
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	Yes	
c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	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	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>DEREK FREDRICKSON</u> Telephone no <u>(203) 353-1517</u> Located at <u>1404 SHIPPAN AVE STAMFORD, CT</u> ZIP + 4 <u>069027829</u>		
b	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	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	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	42c	No
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	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

	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	(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 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 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.

Sign Here ***** Signature of officer Date 2015-11-13
 DEREK FREDRICKSON TREASURER Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name BARBARA MOREA Preparer's signature Date 2015-11-12 Check if self-employed PTIN P01444321
 Firm's name MARINER WEALTH ADVISORS Firm's EIN 80-0961545
 Firm's address 1500 BROADWAY 27TH FLOOR NEW YORK, NY 10036 Phone no (212) 608-1080

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

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: SIGMA PHI SOCIETY

EIN: 13-5392442

Declaration: 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.

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 990-EZ 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.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
SIGMA PHI SOCIETY

Employer identification number

13-5392442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 2 DESCRIPTION DIVIDEND AMOUNT 5,453 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 5,455
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 9,961 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 12,376 GROSS PROFIT -2,415 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 12,376 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 12,376
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 2,440 DESCRIPTION TRAVEL AMOUNT 335 DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 27,698 DESCRIPTION DUES AMOUNT 1,500 DESCRIPTION INFORMATION TECHNOLOGY AMOUNT 4,526 DESCRIPTION PAYROLL SERVICES AMOUNT 752 DESCRIPTION FOREIGN TAX ON INVESTMENTS AMOUNT 23 TOTAL TO FORM 990-EZ, LINE 16 37,274
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS AMOUNT 33,627
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION NOTES AND LOANS RECEIVABLE BEG OF YEAR AMOUNT 13,903 END OF YEAR AMOUNT 13,903
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ESCROW ACCOUNT LIABILITY BEG OF YEAR AMOUNT 11,242 END OF YEAR AMOUNT 8,930