

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 , 2014, and ending , 20

B Check if applicable	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	SIGMA PHI DELTA FRATERNITY	39-6084280
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	1729 MAPLELEAF DRIVE	(517) 917 - 0356
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number
<input type="checkbox"/> Amended return	WYLIE, TX 75098	
<input type="checkbox"/> Application pending		

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.SIGMAPHIDELTA.ORG

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(7) (insert no) 4947(a)(1) or 527K 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 \$ 191,574.

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	13,956.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	168,699.
4	Investment income	4	452.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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)	6b	
6c	Less direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	8,467.
7b	Less cost of goods sold	7b	10,678.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-2,211.
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	180,896.
10	Grants and similar amounts paid (list in Schedule O)	10	3,475.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	8,133.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	11,036.
16	Other expenses (describe in Schedule O)	16	115,491.
17	Total expenses. Add lines 10 through 16	17	138,135.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,761.
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)	19	68,652.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	111,413.

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2014)

JSA

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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 ATTACHMENT 4	60,694.	22	111,413.
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O) ATTACHMENT 5	7,958.	24	0
25 Total assets	68,652.	25	111,413.
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,652.	27	111,413.

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? ATTACHMENT 6

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 ATTACHMENT 7		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; 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
ALIXANDRE MINDEN GRAND PRESIDENT/CHAIRMAN	5.00	0	0	0
ERIC PEW GRAND VICE PRESIDENT	5.00	0	0	0
IAN SANTARINALA EXECUTIVE SECRETARY	5.00	0	0	0
TYLER CONDON TREASURER	5.00	0	0	0
SERGIO BONATTO DIRECTOR	5.00	0	0	0
JONATHAN EASTHAM DIRECTOR	5.00	0	0	0
WERNER BORN DIRECTOR	5.00	0	0	0
ERIK SCHULTZ DIRECTOR	5.00	0	0	0
JOSHUA LESTER DIRECTOR	5.00	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	33	X
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)	34	X
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)?	35a	X
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	35b	X
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	35c	X
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
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	X
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	13,069.
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 517-917-0356 Located at ▶ 1729 MAPLELEAF DRIVE WYLLIE, TX ZIP + 4 ▶ 75098		
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	
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	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> 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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

- 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. **46** Yes No ☒

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 ☐

- 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 **47** Yes No ☐
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No ☐
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No ☐
- b If "Yes," was the related organization a section 527 organization? **49b** Yes No ☐
- 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 **f**

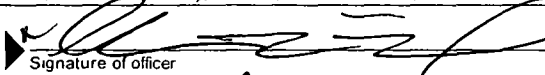
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

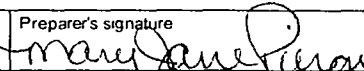
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

- 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  Date **12/11/2016**
Type or print name and title **TYLER CONDON ALIXANDRE MINDEN TREASURER CEO**

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
MARY JANE PIERONI, CPA  **11/15/2016** ☐ **P00538772**
Firm's name **BDO USA, LLP** Firm's EIN **13-5381590**
Firm's address **101 S. HANLEY RD STE 800** Phone no **314-889-1100**
ST. LOUIS, MO 63105

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

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.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

SIGMA PHI DELTA FRATERNITY

39-6084280

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

OTHER INVESTMENTS

452.

TOTAL

452.

ATTACHMENT 2

FORM 990EZ, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR
PURCHASES
SALARIES AND WAGES
OTHER COSTS

7,958.

2,720.

SUBTOTAL
MINUS ENDING INVENTORY

10,678.

COST OF GOODS SOLD

10,678.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL
CONFERENCES, CONVENTIONS
LOSS ON FOREIGN EXCHANGE
TAXES & LICENSES
INSURANCE
OFFICE EXPENSE
DATABASE MANAGEMENT

33,131.

1,748.

553.

45.

38,932.

1,913.

39,169.

TOTAL

115,491.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

CASH

60,694.

111,413.

TOTALS

60,694.

111,413.

Name of the organization

Employer identification number

SIGMA PHI DELTA FRATERNITY

39-6084280

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
INVENTORIES FOR SALE OR USE	7,958.	
TOTALS	<u>7,958.</u>	

ATTACHMENT 6FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRIMARY EXEMPT PURPOSE OF THE FRATERNITY IS TO PROMOTE THE ADVANCEMENT OF THE ENGINEERING PROFESSION; TO FOSTER THE ADVANCEMENT OF ENGINEERING EDUCATION; TO INSTILL A GREATER SPIRIT OF COOPERATION AMONG ENGINEERING STUDENTS AND ORGANIZATIONS; TO INCULCATE IN ITS MEMBERS THE HIGHEST IDEALS OF VIRTUOUS MANHOOD, GOOD CITIZENSHIP, OBEDIENCE TO LAW, AND BROTHERHOOD; AND TO ENCOURAGE EXCELLENCE IN SCHOLARSHIP.

ATTACHMENT 7FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

SIGMA PHI DELTA IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID BY ITS MEMBERS AND PROVIDES GOODS, FACILITIES, AND SERVICES TO MEMBERS SHARING AN INTEREST IN THE PROMOTION AND ADVANCEMENT OF THE ENGINEERING PROFESSION.