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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

OMB No 1545-0047

<u>A F</u>	or the	2014 calendar year, or tax year beginning JUL 1, 20	<u>14 and</u>	ending J	UN 30,	2015					
B `c	heck if	C Name of organization			D Employer	identificati	on number				
	Addres change	SIGMA PI - MU CHAPTER									
	Name change					15-044	8140				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street add	iress)	Room/suite	E Telephone						
\vdash	TFinal	C/O SCIARABBA WALKER 410 E UPLA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		2-5550				
	/return -termin	City or town, state or province, country, and ZIP or foreign po			G Gross receipts \$ 774,189.						
_	ated Amend		Islai Code								
<u> </u>	⊒retum]Applica	TITACA, NI 14030	<u> </u>		H(a) Is this a		Yes X No				
Ь—	⊒tiòn pendin	Finance and address of principal officer. ANDREW WALDS				rdinates?	··· —				
		SAME AS C ABOVE	7 4047()(4)		H(b) Are all subo						
		mpt status 501(c)(3) 501(c)(7) ◀ (insert no.)	4947(a)(1)	or 527			. (see instructions)				
J Website: ► N/A H(c) Group exemption number											
			Other >	L Year	of formation: 1	9 1 4 M St	tate of legal domicile: NY				
Pa		Summary									
ø	1 1	Briefly describe the organization's mission or most significant activi	ties [.] <u>SEE</u> _	BELOW.							
Ę											
Ĕ	2 (Check this box 🕨 🔲 if the organization discontinued its opera	tions or dispo	sed of more	than 25% of it	s net asset	is.				
8	3 1	Number of voting members of the governing body (Part VI, line 1a)				3	5				
G	4 1	Number of independent voting members of the governing body (Pa	rt VI, line 1b)			4	<u>5</u>				
Š		Fotal number of individuals employed in calendar year 2014 (Part V	-			5	5				
Activities & Governance	ľ	Fotal number of volunteers (estimate if necessary)				6	5				
簑		Fotal unrelated business revenue from Part VIII, column (C), line 12				7a	142.				
ď	1	Net unrelated business taxable income from Form 990-T, line 34	•		•	7b	-108.				
	<u> </u>	Tet unrelated business taxable mounts from 1 on 1 oo 1, mile o		•	Prior Year		Current Year				
		Contributions and grants /Part \/III line 1b\			148,		172,918.				
e	l	Contributions and grants (Part VIII, line 1h)	••	•	579,		593,301.				
Revenue	l .	Program service revenue (Part VIII, line 2g)				116.	142.				
æ	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)									
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11				130.	7,828.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column	(A), line 12)	· · ·	728,		774,189.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	6,301.		0.				
		Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,	410.	112,759.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.				
ĝ	Ь.	Fotal fundraising expenses (Part IX, column (D), line 25).	·	0.							
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f24e)			536,	643.	529,833.				
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A) lines	OF IVE		667,	354.	642,592.				
	119	Revenue less expenses. Subtract line 18 from line 12	TOLL		60,	708.	131,597.				
es Sor		ISI NOV	7 -	S Be	ginning of Curre		End of Year				
<u>a</u> es :	20	Fotal assets (Part X, line 16)	9 2015	lől 🗆	1,053,		991,294.				
SS B	21	Fotal liabilities (Dart V line OC)			240,		46,358.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20 GD	ENL	J&I ├─	813,		944,936.				
	art II	Signature Block	TH, UT	- 	0107	<u> </u>	744,7501				
		ttes of perjury, I declare that I have examined this return, including accomp	anving schedule	es and statem	ents and to the h	nest of my kr	nowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all i					iomicago aria bollot, it io				
uue	, correc	t, and complete. Decidation of preparer (other than officer) is based on an in	mormation of w	mich preparer	nas any knowlet	/ 1 ≥ / /·					
		Signature of officer			Date	115/	<u> </u>				
Sig	n I		_		Date						
Her	e	ANDREW WALSH, CHAPTER TREASURE	<u> </u>								
		Type or print name and title		1 6	Date I	Chart	I DTIN				
		Print/Type preparer's name Preparer's signat	ure			Check []	PTIN				
Paid	j	CAROLYN AUSTIN Carolyn	ruses		11-2-15	setf-employed	P01433679				
Pre	parer		<u>LLP</u>		Firm's	EIN 🛌 1	<u> 16-1071694</u>				
Use	Only	Firm's address 410 EAST UPLAND ROAD									
		ITHACA, NY 14850			Phone	no. 607 -	-272-5550				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instruc	tions)				X Yes No				
	01 11-0			ions.			Form 990 (2014)				
							619				

	rt III Statement of Program Service Accomplishments	<u> </u>								
Га		\neg								
	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission									
	SEE LINE 4 BELOW.	_								
2	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 or 990-EZ? Yes X No									
	If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0								
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses									
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and									
	revenue, if any, for each program service reported.	_								
4a	(Code) (Expenses \$	_)								
	TO PROVIDE HOUSING AND FELLOWSHIP TO METRICULATED UNDERGRADUATE MEMBERS	;								
	OF SIGMA PI MU CHAPTER AT CORNELL UNIVERSITY.	_								
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4b	(Code) (Expenses \$	_								
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+0	(Code) (Expenses \$.)								
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4d										
	(Expenses \$ including grants of \$) (Revenue \$)	_								
40	Total program service expenses									

Form **990** (2014)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. 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 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? . .. If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2014) SIGMA PI - MU CHAPTER
Part IV Checklist of Required Schedules (continued)

	•		Yes	_No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-	ŀ	v
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2014)

Form	990 (2014) SIGMA PI - MU CHAPTER 15-0448	140	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
, p	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			_
	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

SIGMA PI - MU CHAPTER Form 990 (2014) 15-0448140 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 . . Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? ... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ____ Another's website W Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SCIARABBA WALKER & CO., LLP - 607-272-5550

410 E. UPLAND RD., ITHACA, NY 14850

Form 990 (2014)	STGMA	PΤ	_	MU	CHAPTER
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1à Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position				1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of	
	week	officer and a director/trustee)				or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	0.0	ee lee			sated	1	organization	(W-2/1099-MISC)	from the
	organizations	ig ig	trus		뫓	E E		(W-2/1099-MISC)		organization and related
	below	gat	ttona	_	e e	st co.				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Гогте			
(1) NICHOLAS WINT	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) CHRIS ZOLLNER	1.00				İ					
VICE PRESIDENT		X	<u> </u>	X		L	L	0.	0.	0.
(3) ALEX EACKER	1.00						}			
SECRETARY		X		X		<u> </u>	<u> </u>	0.	0.	0.
(4) BRANDON CHOI	1.00								_	_
TREASURER		X	<u> </u>	X		ļ	<u> </u>	0.	0.	0.
(5) JOHN HAGGERTY	1.00									
ALUMNI TREASURER		X	-	X	-	_		0.	0.	0.
		4								
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	90 (2014) SIGMA PI				_					15-04	48	<u>140</u>	Р.	age t
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ane	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box,	not c	Pos heck ss pe	more irson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	า ,	organization and related		
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS				
		below line)	udMdu	Institutio	ощсег	Key employee	Highest	Former				orga	ınızatı	ons
						-						,		
	· · · · · · · · · · · · · · · · · · ·					_		-						
							ļ	_						
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												·	<u> </u>	_
								-						
	Sub-total					<u> </u>			0.		0.	-		0 .
сТ	otal from continuation sheets to Part VI	I, Section A	• •	•	•				0.		0.			0
2 T	otal (add lines 1b and 1c) otal number of individuals (including but n	ot limited to th	ose	iiste	d al	bove	e) wl	no re		,000 of reportable				<u> </u>
	compensation from the organization												Yes	No
	oid the organization list any former officer, ne 1a? If "Yes," complete Schedule J for s		ıstee	e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on		3		x
4 F	for any individual listed on line 1a, is the su	ım of reportab		•					•	the organization	•	3		
	and related organizations greater than \$150 Did any person listed on line 1a receive or a									 Idual for services		4		<u> </u>
r	endered to the organization? If "Yes," com on B. Independent Contractors					-				·		5		X
1 0	Complete this table for your five highest co	-									pens	ation f	rom	
t	he organization. Report compensation for (A)	the calendar y	ear e	endı	ng w	vith	or w	<u>rithir</u>	the organization's tax (B)	year.		(C		
	Name and business	address	NC	ONE	<u> </u>			-	Description of s	ervices	C	ompe		n
										_				
						_		-						
	Fotal number of independent contractors (i	neludina but a	ot lu	mite	d to	the	دا م	stea	d above) who received n	ore than				
	1100 000 of compensation from the expens		111		~ .0		00 II	J. U	. above, with 16061960 11	.ore man				

Total revenue. See instructions.

142

601,129

774,189

Form 990 (2014) SIGMA PI - MU CHAPTER
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in		<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<u></u> _
4	Benefits paid to or for members				· - · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				. <u>.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salaries and wages	98,055.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,272.			
10	Payroll taxes	8,432.			
11	Fees for services (non-employees).				
a	Management				
b	Legal	21,025.			
C	Accounting	21,025.			
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
' ~	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	3,696.			
12	Advertising and promotion		<u>.</u>		
13	Office expenses	4,673.			
14	Information technology				
15	Royalties				
16	Occupancy	155,563.			
17	Travel				
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,156.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,926.			<u> </u>
23	Insurance	26,572.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD COSTS	102,700.			
b	SOCIAL EXPENSE	60,379.			
C	ALUMNI EXPENSES	42,948.			
d	FORMAL RECRUITMENT	13,662.			
е	All other expenses SEE SCH O	55,533.			
25	Total functional expenses. Add lines 1 through 24e	642,592.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1 1	

		Check if Schedule O contains a response or note to any line in this Part X		· ·	
			(A) Beginning of year		(B) End of year
•	1	Cash · non-interest-bearing	50,478.	1	50,349.
	2	Savings and temporary cash investments	116,098.	2	65,647.
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	7,150.	4	7,150.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
Ì	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,250.	9	4,684.
Į	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,694,544.			
	ь	Less accumulated depreciation 10b 839,501.	867,995.	10c	<u>855</u> ,043.
	11	Investments - publicly traded securities		11	
-	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	7,922.	14	7,408.
	15	Other assets. See Part IV, line 11	1,500.	15	1,013.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,053,393.	16	991,294.
	17	Accounts payable and accrued expenses	13,577.	17	21,247.
	18	Grants payable	23/3//	18	<u> </u>
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
_{so}	22	Loans and other payables to current and former officers, directors, trustees,		-	
iţi.		key employees, highest compensated employees, and disqualified persons.			
ig		Complete Part II of Schedule L		22	
!	23	Secured mortgages and notes payable to unrelated third parties	200,052.	23	0.
Liabilities	24	Unsecured notes and loans payable to unrelated third parties	200,032.	24	
	25	Other liabilities (including federal income tax, payables to related third			
ì	25	parties, and other liabilities not included on lines 17-24) Complete Part X of		1	
		Cabadula D	26,429.	25	25,111.
	26	Total liabilities. Add lines 17 through 25	240,058.	26	46,358.
	20	Organizations that follow SFAS 117 (ASC 958), check here	240,030.	20	±0,556.
))	
ë	07	complete lines 27 through 29, and lines 33 and 34.			
jan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Pur	29	Permanently restricted net assets		29	
F.		Organizations that do not follow SFAS 117 (ASC 958), check here		1 1	
SO		and complete lines 30 through 34.	^		•
set	30	Capital stock or trust principal, or current funds	<u> </u>	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.44 036
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	813,335.	32	944,936.
_	33	Total net assets or fund balances	813,335.		944,936.
	34	Total liabilities and net assets/fund balances	<u> 1,053,393.</u>	34	991,294

om	990 (2014) SIGMA PI - MU CHAPTER	15-044	3140	Page 12
Pa	rt XI Reconciliation of Net Assets		,	
_	Check if Schedule O contains a response or note to any line in this Part XI			X
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,189.</u>
`2	Total expenses (must equal Part IX, column (A), line 25)	2	642	<u>2,592.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> 131</u>	L,597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>813</u>	<u>3,335.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	944	<u>1,936.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ľ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1	}
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-	3b	
			Form 9	990 (2014)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

<u>. </u>	SIGMA PI - MU CHAPTE		15-0448140
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised ful	nds
•	are the organization's property, subject to the organization's exc	•	Yes No
6	Did the organization inform all grantees, donors, and donor advi		•
0	for charitable purposes and not for the benefit of the donor or d		•
	• •	onor advisor, or for any other purpose come	<u> </u>
Pai	t ii Conservation Easements. Complete if the organ	Ization answered "Vee" to Form 000. Best IV	Yes No
			, in le 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		_2b
С	Number of conservation easements on a certified historic struct	•	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	·	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	-	
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(l	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	i's financial statements that describes the or	ganization's accounting for
	conservation easements.	at Historical Transcense on Other	Cimilan Assats
Pai	t III Organizations Maintaining Collections of A	•	Similar Assets.
	Complete if the organization answered "Yes" to Form 990	·	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	If the organization elected, as permitted under SFAS 116 (ASC 9		
	historical treasures, or other similar assets held for public exhibit		f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures	•	, provide
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:	
а			> \$
b	Assets included in Form 990, Part X		. • \$

		1 - MU CHA		_					48140		<u> 2</u>
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	t are a s	ignificant ı	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	เทร					
, p	Scholarly research	e		Other							
С	Preservation for future generations										_
4	Provide a description of the organization's co	ollections and explai	n how ti	ney further t	he organizatio	on's exe	mpt purpo	se in Par	t XIII		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	'Yes" to	Form 990	, Part IV,	ine 9, or		_
	reported an amount on Form 990, Pa			_							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as:	sets not	ıncluded				
	on Form 990, Part X?								Yes		No.
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:	• •• •	• •	•		_		
	,	•	J						Amount		_
С	Beginning balance						1c				_
	Additions during the year		• • •	•			1d				—
e	Distributions during the year		•	• •			1e				_
f	Ending balance	• •	• •	• •			1f				—
o. Qa	Did the organization include an amount on F	orm 990. Part X. line	21 for	escrow or c	ustodiał accor	unt liabil			Yes		
	If "Yes," explain the arrangement in Part XIII						iity i		7 162	= "	10
Par							0				
		(a) Current year		rior year	(c) Two year			ears hack	(e) Four y	pare har	
1a	Beginning of year balance	(a) contone your	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	noi your	(c) (we year	o baok	(d) Thice y	curs back	(e) roury	cars bac	<u>~</u> _
b	Contributions				1				-		—
	Net investment earnings, gains, and losses				 		-				—
ں ۔						-					—
d	Grants or scholarships				 	+					—
е	Other expenditures for facilities					1					
	and programs				-						
T	Administrative expenses										
g	End of year balance		L		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
þ	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou	*									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admıniste	red for tl	he organız	ation	_		
	by:									'es N	0
	(i) unrelated organizations	•		•	-				3a(i)	\longrightarrow	
	(ii) related organizations	••		•					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.	_						
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o		, , ,	t or other	(c) A	ccumulate	d	(d) Book	value	
		basis (investr	nent)		(other)	dej	preciation				
	Land				5,100.				75	,100) .
b	Buildings			1,40	7,453.		555,0 ₄	44.	752	,409) .
С	Leasehold improvements										_
d	Equipment										
e	Other			21	1,991.		184,4	57.	27	,534	<u>.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colur							.043	_

<u>... . 🕨 </u> 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

25,111.

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . .

	rt XI Reconciliation of Revenue per Audited Financial Statemer	to With Boyonus per B	15~0448140 Page 4	
Pai		its with Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		· · · · · · · · · · · · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments	2a	ł	
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	}	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto With Evenness now	<u>5</u>	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
a	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
С	Other losses	2c		
ď	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV			
nes	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additi	ional information.		
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE O

(Form 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.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public

OMB No 1545-0047

SIGMA PI - MU CHAPTER	15-0448140
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION IS A FRATERNITY HOUSE, WHICH HAS MEME	BERS.
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MEMBERS OF THE FRATERNITY ELECT THE GOVERNING BODY	
FORM 990, PART VI, SECTION A, LINE 7B:	-
THE MEMBERS OF THE FRATERNITY APPROVE DECISIONS OF THE	
FORM 990, PART VI, SECTION B, LINE 11:	
THE SIGNING OFFICER REVIEWS FORM 990 BEFORE IT IS SIGN	NED.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION WILL PROVIDE THESE DOCUMENTS UPON REC	QUEST.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPE	
KITCHEN EXPENSES	11,779.
PRIOR YEAR EXPENSE	6,363.
NATIONAL INITIATION FEES	6,300.
MISCELLANEOUS EXPENSES	5,710.
NATIONAL EXPENSES	5,375.
BURSAR AND LATE FEES	4,525.
CHAPTER STATIONARY	3,667.
CORNELL GREEK COMMUNITY DUES	3,208.
NATL NEW MEMBER FEES	3,000.
COMPOSITE	2,682.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule 0 (Form 990 or 990-EZ) (2014)

Name of the organization SIGMA PI - MU CHAPTER	Employer identification number 15-0448140
NEW MEMBER EDUCATION	842.
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PHILANTHROPY	792.
AMORTIZATION	514.
HOUSE EXPENDITURES & MISC	506.
NYS CORP. TAXES	250.
NYS INTEREST ASSESSMENT SURCHARGE	20.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 55,533.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING ADJUSTMENT	4.
	