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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B

Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C

Name of organization
SIGMA CHI LAMBDA XI CHAPTER INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
447 W MYRTLE ST

City or town, state or province, country, and ZIP or foreign postal code
BOISE, ID 83702

D

Employer identification number
46-3498856

E Telephone number

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: ☒ N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 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 ☒ \$ 58,466

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	58,466
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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	0
Expenses	c	Less direct expenses from gaming and fundraising events	6c	0
	d	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	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,466
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	493
	14	Occupancy, rent, utilities, and maintenance	14	485
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	60,018
	17	Total expenses. Add lines 10 through 16	17	60,996
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,530
	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	7,467
	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	4,937

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	7,467	22	4,937
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	7,467	25	4,937
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,467	27	4,937

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?
TO RECRUIT AND MAINTAIN A MEMBERSHIP BASE OF QUALITY MEN DEVOTED TO FRIENDSHIP,
JUSTICE AND LEARNING

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

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

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

31,427

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
STEVEN ROTH President	10 00	0		
CONNOR JONES Vice President	10 00	0		
JAKUB BOLLANT-ULVILDEN Treasurer	10 00	0		
ALEX MARTINEZ Secretary	10 00	0		
AUSTON DEFEAVERS MEMBER EDUCATOR	10 00	0		

Part VOther 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	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)	34	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)?	35a	No
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	No
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	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	36	No
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	No
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	13,338
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 JAKUB BOLLANT- ULVILDEN Telephone no (208) 338-1041 Located at 447 W MYRTLE ST BOISE, ID ZIP +4 83702		
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	No
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	No

		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		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 ☐

		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?		
49b	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
NONE				

f	Total number of other employees paid over \$100,000	▶	
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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
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☐ No
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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			2015-12-16 Date		
	JAKUB BOLLANT-ULVILDEN Treasurer Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name SAMUEL T BOYD CPA		Preparer's signature	Date	Check ☐ if self-employed PTIN P01256258	
	Firm's name ▶ SHIRTS & MOTZ CPAS				Firm's EIN ▶	
	Firm's address ▶ 447 W MYRTLE STREET BOISE, ID 83702				Phone no (208) 338-1041	
May the IRS discuss this return with the preparer shown above? See instructions						☒ Yes ☐ No

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
EIN: 46-3498856
Name: SIGMA CHI LAMBDA XI CHAPTER INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Member Education and Enrichment -- Members of the Sigma Chi Fraternity are given the opportunity to take part in numerous leadership programs and experiences. These include discussions with University faculty, brotherhood retreats, executive board meetings, and many more. Additionally, all members are highly encouraged to apply to our executive board with positions including president, vice-president, secretary, treasurer, recruitment chair, new member educator, and social chair among others. The opportunity to lead an organization of 50 men on our campus and in an organization with over 300,000 members internationally is both unique and rewarding. Our chapter emphasizes scholarship and leadership opportunities at the international level with annual retreats in Utah and international leadership conferences attended by over 1,500 members. (Grants \$ 6,205) If this amount includes foreign grants, check here . . . ☐		28a	
29 New Member Education -- All new members of the organization undergo a comprehensive eight-week education program about the history, mission statement, and values of our international organization and chapter. The purpose of this education program is to develop leadership skills in future members of our organization. (Grants \$ 2,124) If this amount includes foreign grants, check here . . . ☐		29a	
30 Recruitment -- Our chapter holds recruitment bi-annually to extend our reach to the university as a whole. We do not discriminate on the basis of race, religion, or personal creed. We strive to reach a wide and diverse range of membership on our campus. (Grants \$ 3,054) If this amount includes foreign grants, check here . . . ☐		30a	
Philanthropy -- Philanthropy is a key aspect of our chapter's operations. We hold and participate in numerous philanthropic events each year. Our proceeds benefit the Children's Miracle Network Hospitals, The Jon Huntsman Cancer Institute, and other non-profit organizations at the local and national level. (Grants \$ 9,816) If this amount includes foreign grants, check here . . . ☐			
Community Service -- Our members are encouraged to participate in community service projects throughout the year. These activities range from Habitat for Humanity to serving meals at the local soup kitchen to mentoring young men and women at schools and community centers in the local area. (Grants \$) If this amount includes foreign grants, check here . . . ☐			
Networking and Alumni Support -- With chapter and international alumni in all 50 states and abroad, Sigma Chi provides our members with a vast support network for mentoring, guidance, and job/internship opportunities. Our chapter holds alumni networking events and programs to connect with members of our international organization who are no longer undergraduates. (Grants \$ 10,228) If this amount includes foreign grants, check here . . . ☐			

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 CHI LAMBDA XI CHAPTER INC**Employer identification number**

46-3498856

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$752
Other Expenses 1012	Insurance \$10310
Other Expenses 1	NATIONAL FRATERNITY DUES \$13338
Other Expenses 2	NETWORKING EVENTS \$10228
Other Expenses 3	CHARITABLE DONATIONS \$9816
Other Expenses 4	LEADERSHIP PROGRAMS \$6205
Other Expenses 5	NEW MEMBER RECRUITMENT \$3054
Other Expenses 6	NEW MEMBER EDUCATION \$2124
Other Expenses 7	UNIVERSITY DUES \$1430
Other Expenses 8	COMPOSITE EXPENSE \$1405
Other Expenses 9	INTRAMURAL EXPENSE \$1008
Other Expenses 10	STORAGE \$348