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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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 and its instructions is at www.irs.gov/form990. Internal Revenue Service 7/1/2014 6/30/2015 For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable Sigma Nu Fraternity, Epsilon Xi Chapter Doing business as Sigma Nu Fraternity Address change Room/suite Number and street (or PO box if mail is not delivered to street address) 64-0304773 Name change O Box 1036 E Telephone number Initial return ZIP code City or town 662-816-9999 (Preparer) 38655 Oxford MS Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Carter Hutchins, Jr Chairman, House Corporation Bd 963 Greenbriar Dr H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) X 501(c) () (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number ▶ Corporation Trust K Form of organization Association Other > L Year of formation M State of legal domicite 1927 MS Part I Briefly describe the organization's mission or most significant activities Provide lodging, food service, social, and academic programs for appoximately 245 students at the Sigma Nu Fraternity at the University of Mississippi Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 0 1,170,254 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,170,261 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 755,232 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 148.699 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 251,059 Total expenses Add lines 13-17 (must-equal Rate X column (A), line 25)
Revenue less expenses Subtract line 18 from line 12 0 1,154,990 18 15,271 Beginning of Current Year **End of Year** Total assets (Part X, line 16) 31,372 45,675 20 NOV 2 & 2015 Total liabilities (Part X, line 26) 1.944 21 976 Net assets or fund balances! Subtract line 21 from line 20 29,428 44,699 22 Signature Block examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have pselaration of psearer (other that officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete, Sign 11-16-15 Here Steven J Ursic, Cha and House Corporation Secretary Type or print name and title Print/Type preparer's name Check X Paid 11/16/2015 self-employed P00019162 Steven J. Ursic, CPA Preparer ► Steven J Ursic, CPA

Firm's address ► 54 CR 409, Oxford, MS 38655

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

X Yes

Firm's EIN

662-816-9999

Phone no

Use Only

	90 (2014)		04-0304773 Page	<u> </u>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly de	escribe the organization's mission		
		le housing, food service, social activities and academic programs for about 225		
	members	s of the fraternity. Each of which pay dues by semester during their tenure at the		
	Universit	y		
2		rganization undertake any significant program services during the year which were not listed on	┌, ╓.	
		Form 990 or 990-EZ?	Yes X N	Ю
2		describe these new services on Schedule O		
3	services'	rganization cease conducting, or make significant changes in how it conducts, any program	Yes X N	اما
		describe these changes on Schedule O	L les [V] I	10
4		the organization's program service accomplishments for each of its three largest program services,	as measured by	
•	expense	s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ 1,154,990 including grants of \$) (Revenue	\$ 1,170,261)	_
	Organiza	tion provides lodging, meals, social activites and educational inhancements for its		.
	members	· · · · · · · · · · · · · · · · · · ·		
				.
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)	_
	,			
				· •
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)	_
	, ,			
		·		
		· 		
4d	Other pro	ogram services (Describe in Schedule O)		
	(Expense		0)	
40		gram service expenses 1154 990		

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Is the organization are guite of the organization and the organizatio				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contibulors (see instructions)? 2 Did the organization engage in direct or inclusted political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 Section 50(16)(3) organizations, Did the organization engage in libbiying activities, or have a section 501(h) election in effect during the tax year" If "Yes," complete Schedule C, Part II 5 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. 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 II 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 III 8 Did the organization report an amount in Part X, ine 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 VI 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investmen	1		1		х
3 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 detection in effect during the tax year? If "Yes," complete Schedule C, Part I is the organization as each on 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 Is 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 II 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 II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization into the similar maintain of a mounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian	2				$\frac{\lambda}{X}$
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 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 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 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 IXI e Did the organization report an amount for other liabilities 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 IXI b Us the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or			10		Х
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If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a			18		<u>X</u>
<u></u>		If "Yes," complete Schedule G, Part III			х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

u GI	Oneckist of Required Schedules (continued)			
04	Datil		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ı
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ı
	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	1 20		v
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)		7	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ADDRESS OF THE PARTY OF THE PAR	X
_	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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 contributions? If "Yes," complete Schedule M .	30		<u> </u>
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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a		35a		Х
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	<u> </u>	
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	V/	37	<u> </u>	_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)

	90 (2014) Sigma Nu Fraternity, Epsilon Xi Chapter 64-030	4773	F	age 5
Par				_
	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 . 1a C			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	1	
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	l		
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	a	 -	 ^
U	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5 0		5a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b		5c	 	├
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> 5C</u>	 	₩
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
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_ ا		
-	gifts were not tax deductible?	6b	 	├
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	7-		
	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	 	—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l		
	required to file Form 8282?	7c	ļ	
đ	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
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	-	
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	┼
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	ļ	├—
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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	1 .		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		İ
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders . 11a	- }		
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	<u> </u>	ــــ
р	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	4	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	ļ	ــــ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	₩
	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	4		
С	Enter the amount of reserves on hand	1-	 	ـــ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

921 Van Buren Ave , Oxford, MS 38655

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Form 990 (2014)	Sigma Nu Fraternity, Epsilon Xi Ch									64-03047	73 Page 7
Part VII	Compensation of Officers, Dire		es, F	(ey	En	nple	oyee	s, ł	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		te to	an	v lir	ne i	n this	s Pa	art VII		🗀
Section A.	Officers, Directors, Trustees, Key E										· ·
1a Complete t	his table for all persons required to be							_		with or within the	
organization's	•										
	of the organization's current officers, d on Enter -0- in columns (D), (E), and (duals	or c	rganizations), re	gardless of amo	unt
	of the organization's current key emplo	•					defin	itior	of "key emoloye	ee "	
List the	organization's five current highest con	npensated empl	oyees	s (ot	her	tha	n an d	offic	er, director, trust	ee, or key emplo	yee)
	reportable compensation (Box 5 of For	m W-2 and/or Bo	ox 7 (of Fo	orm	109	9-MI	SC)	of more than \$1	00,000 from the	
	nd any related organizations of the organization's former officers, ke	v employees ar	nd buc	hoc	+ ~~	mn	ancat	0d 6	employooo who r	recovered more th	
	portable compensation from the organ							eu e	inployees who i	eceived more th	all
 List all c 	of the organization's former directors	or trustees that	recei	ved	, in t	he	capad				the
	nore than \$10,000 of reportable compe								=		
•	ithe following order individual trustees employees, and former such persons	s or directors; ins	titutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest	
—	s box if neither the organization nor any	v rolated organiz	otion			200	tod o	n., o	urrant afficar du	ootor ortustoo	
Oneon uni	s box in heither the organization not any	Telated organiz	I	COI			ieu a	ily C	urrent onicer, dir	ector, or trustee	·
						C) sition				'	
	(A) Name and Title	(B) Average			heck	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	offic	er an	d a d	irect	or/trust	ee)	compensation	compensation from related	amount of
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	empl empl empl	Former	the	organizations	other compensation
		related organizations	ecto ecto	Ellon	"	ᄬ	oyee Oyee	역	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	Trust	2) We	mpe			;	and related organizations
			8	stee			Highest compensated employee				
(4) 0	1.11-1-004	40.00		┞	_	_	8				
(1) Steven	J Ursic, CPA	18 00 23 00							14,900		
(2) George	McKemey	18 00							14,500		
Pres		18 00			Х			<u>L</u> .			
(3) Bailey E	raswell	16 00									
VP (4) Josh Sn	nith	15 00 14 00		├	Х	\vdash	-	_			
Treas		18 00	1	Ì	x		1				
(5) Kaye Ca	arroll	40 00									
Housemother		40 00		<u> </u>	<u> </u>	X			33,900		_
_(6)											
(7)				\vdash		<u> </u>		\vdash			
(8)											
(0)			<u> </u>	-	_		<u> </u>	\vdash			

(10)

(12)

(11)

(13)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more th box, unless person is officer and a director/t				is both	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount of other	of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa: from the ganizati nd relate janizatio	e on ed
(15)													
(16)													
(17)												<u> </u>	
(18)													
(19)													
(20)			 	_									
(21)													
(22)										.,			•
(23)			-					_					
(24)													
(25)					-					x	<u> </u>		
1b c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A	1	<u>. </u>	<u> </u>	L.,,,.		> > >	48,800 0 48,800	C C			0
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	bov	e) v 0	vho	recei	ved			<u> </u>		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	•		oye	e, o	r high	nest	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual									n	4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_		ridual	5		X
Sec	tion B. Independent Contractors	es, complete so	nedu	16 5	101	Suc	n per	3011	<u> </u>		<u> </u>	L1	
1	Complete this table for your five highest compe compensation from the organization Report co year										tax		
	(A) Name and business add	ress							(B) Description of serv	vices	(C Compe		
None	,												0
	 												0
									···-	+			<u>0</u> 0
													0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-	ed to	tho	se li	stec	abo 0	ve)	who received				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
es es	1a	Federated campaigns	<u>[1</u> 6	a (2			,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u> 11</u>	b (<u>)</u>			;
عَ ق	С	Fundraising events	10	c (<u>)</u>			
a fe	d	Related organizations	. 10	d (
S, E	е	Government grants (contributions	s) . 10	e ()			
to re	f	All other contributions, gifts, gran	its, and					
를 통		similar amounts not included abo	ove 1	f(
달	g	Noncash contributions included in li	ines 1a-1f: \$	(<u> </u>			
ပြ	h	Total. Add lines 1a-1f .		<u> </u>	0			
<u>ē</u>				Business Code				
Program Service Revenue	2a	Program service revenue			1,170,254			
ě	b				0			
<u>8</u>	С				0			
Š	d				0			
Ē	е				0			
E G	f	All other program service revenu	е		0		-	
P.	g	Total. Add lines 2a-2f		. >	1,170,254			i
	3	Investment income (including div	ridends, interes	t, and				
		other similar amounts)		▶	7			
	4	Income from investment of tax-ex	xempt bond pro	oceeds -	0			
	5	Royalties		. ▶	0			
			(ı) Real	(ii) Personal				
	6a	Gross rents .						
	b	Less rental expenses			_			
	С	Rental income or (loss)		0 (
	ď	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(r) Securities	(II) Other				<u>'</u>
		assets other than inventory		0 (<u>)</u>	ļ		
	b	Less cost or other basis						
		and sales expenses		0 (<u>ַ</u>	1		
	С	Gain or (loss) .		0 (
	d	Net gain or (loss)			0		~	····
ø	0.	Gross income from fundraising						
nue	8a		0					į
× ×		events (not including \$ of contributions reported on line	10)					1
Other Reve		See Part IV, line 18	a	. .				'
ē	ь	Less direct expenses .	. b		<u> </u>			i
ಕ	C	Net income or (loss) from fundra	-		0			
		Gross income from gaming activ			<u> </u>		<u> </u>	
	54	See Part IV, line 19		,				;
	ь	Less direct expenses .	b		-			'
		Net income or (loss) from gaming			7			
		Gross sales of inventory, less	g dollvillos .	· · · · · · · · · · · · · · · · · · ·	<u>-</u>			
		returns and allowances	а	.				i
	ь	Less cost of goods sold .	t		ก็			
		Net income or (loss) from sales		<u> </u>	0			
	<u> </u>	Miscellaneous Revenue	o. involitory	Business Code	1	<u> </u>	 	
	11a	55			o			
	b				0	 		
	C				0			
	d	All other revenue			0	 		
	e	Total. Add lines 11a–11d		▶	0			
	12	Total revenue. See instructions			1,170,261	0	0	0
_								

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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		•	'				
	domestic governments See Part IV, line 21 .	0						
2	Grants and other assistance to domestic							
	individuals See Part IV, line 22 .	0						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members .	755,232	755,232					
5	Compensation of current officers, directors,	1						
	trustees, and key employees	0						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	129,715	129,715					
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	3,300	3,300	- ···				
10	Payroll taxes .	15,684	15,684					
11	Fees for services (non-employees).							
а	Management .	0						
b	Legal	0						
С	Accounting	14,900	14,900					
d	Lobbying .	0						
е	Professional fundraising services. See Part IV, line 17	0						
t	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column		i					
40	(A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	0						
13	Office expenses	8,237	8,237					
14	Information technology	0						
15 16	Royalties	122,621	122 621					
17	Occupancy	122,021	122,621					
18	Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials	0	ľ					
19	Conferences, conventions, and meetings	9,083	9,083					
20	Interest	9,000	9,000					
21	Payments to affiliates .	0		-				
22	Depreciation, depletion, and amortization	ol	0	0	0			
23	Insurance	74,371	74,371					
24	Other expenses Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column	ļ						
	(A) amount, list line 24e expenses on Schedule O)	1	i					
а	Bank charges	191	191					
b	Contract labor	4,326	4,326					
С	Telephone	3,062	3,062		-			
d	Pub relations and contributns	14,268	14,268					
e	All other expenses	0						
25	Total functional expenses. Add lines 1 through 24e	1,154,990	1,154,990	0	0			
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							
	following SOP 98-2 (ASC 958-720)]						

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 45,675 Cash—non-interest-bearing 31,372 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. . 6 7 Notes and loans receivable, net 0 7 Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 10b 0 0 b Less accumulated depreciation 10c 0 0 11 0 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 0 12 0 ol 13 Investments—program-related See Part IV, line 11 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,372 16 45,675 17 Accounts payable and accrued expenses 1,944 17 976 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 Secured mortgages and notes payable to unrelated third parties 23 0 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,944 26 976 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets ► X and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. **Net Assets** Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 29,428 32 44.699 33 Total net assets or fund balances . 33 44.699 29,428 Total liabilities and net assets/fund balances 31,372 34 45,675

OIIII 9	sigma Nu Fratemity, Epsilon, At Chapter	64-1	0304773_	Pag	e 12
<u>Part</u>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,170	,261
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,154	,990
3	Revenue less expenses Subtract line 2 from line 1	3	·	15	,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29	,428
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		44	,699
<u>Part</u>					
	Check if Schedule O contains a response or note to any line in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		j		1
	reviewed on a separate basis, consolidated basis, or both				Į,
	Separate basis Donsolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2014)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization	Employer identification number
Sigma Nu Fraternity, Epsilon Xi Chapter	64-0304773
Farm COO Carried Till 1997 1997 1997	
Form 990, General The organization's financial information is available per IRS request	
procedures No requests have been made. If made we will furnish allowable financial	
······································	
nformation	
	• • • • • • • • • • • • • • • • • • • •
	•••••
•	