990 gom

Return or 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.

Department of the Treasury

Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

<u>^A</u> ي	For th	ne 2015 calendar year, or tax year beginning AUG 1, 2015 and e	enaing U	Or 31, 2010	
₩_	Check i	EPSILON SIGMA ADPHA INTERNATIONAL		D Employer identifi	cation number
	Addi char	ress COUNCIL		j	
	Nam chan			23-7	394928
\$	Initia	·	Room/suite	E Telephone numbe	r
	Final	363 M DDVKE)223-2824
マカ	retur- term			G Gross receipts \$	5,361,028.
医乳	ated Ame				
Ļ	lretur	FORT COLLINS, CO 80326		H(a) Is this a group re	
	Appl tion pend	und !		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? X Yes No
	Tax-ex	xempt status:501(c)(3)X501(c)(_4) <(insert no.)4947(a)(1) o	r 527	If "No," attach a	list (see instructions)
	Webs	ite: ➤ WWW.EPSILONSIGMAALPHA.ORG/ABOUT/IC-COU	MCIL	H(c) Group exemptio	n number ▶ 2557
	Form o	of organization: X Corporation Trust Association Other	L Year o	of formation: 1971 N	State of legal domicile; CO
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities EDUCA	ATIONA	L AND PHILA	NTHROPIC
Governance		ACTIVITIES OF COMBINED CHAPTERS.			
'n	2	Check this box if the organization discontinued its operations or disposi	ed of more	than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
න් ග	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	
Ę.	6	Total number of volunteers (estimate if necessary)		6	8000
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥	1) 	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	·	7b	
		0		Prior Year 0.	Current Year
ne Le	8	Contributions and grants (Part VIII, line 1h)			5 121 053
en/	9	Program service revenue (Part VIII, line 2g)		4,588,215.	5,121,953.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	273,944.	239,075.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,862,159.	5,361,028.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	3,635,767.	2,934,644.
	14	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)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ω	17	Other expenses (Part IX, column (A), lines 11a-11d (11f-24e)		1,201,738.	1,184,403.
	18	Other expenses (Part IX, column (A), lines 11a-11d 11f:24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ק ר	4,837,505.	4,119,047.
	19	Revenue less expenses. Subtract line 18 from line d2	i	24,654.	1,241,981.
	1-2		Ren	inning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1	1,573,392.	2,887,276.
		Total liabilities (Part V. line 26)	i	0.	0.
	ļ	Net assets or fund balances Subtract line 21 from line 20	· }	1,573,392.	2,887,276.
	art II	Signature Block		1,313,334.	2,001,410.
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statemen	nte and to the heet of my	knowledge and helief it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of whic			knowledge and delier, it is
			ii proparoi ii	2-2-	/7
	3	Signature of officer		Date	/
	e i	DOUG_MILLS, CONTROLLER			
		Type or print name and title			
•		Print/Type preparer's name Preparer's signature	Da	te Check	PTIN
		THOMAS J. AHRENS THOMAS J. AHRENS	ln s	2/18/17 of self-employed	- ' i
p		Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
Use		Firm's address 375 E. HORSETOOTH RD. BLDG. 4200		I IIII 3 LIN	±3 0230730
		FORT COLLINS, CO 80525		Phone no Q70	-223-8825
 Mav	the iF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		property (coo mondono)			NO

LHA For Paperwork Reduction Act Notice, see the separate instructions.

including grants of \$

3,195,727.

Form 990 (2015)

(Expenses \$

Total program service expenses

Form 990 (2015) COUNCIL
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Ì	}	
	If "Yes," complete Schedule A	1	ļ	X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		}	1
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Ì	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		ł
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1	{	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_x_
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	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	9		X
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	10	ľ	Х
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			
•	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
_	Part VI	11a		_x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		_==_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	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	11c	1	X
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			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	114	ĺ	x
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'''	$\overline{}$	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X] 11f		X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-'		
2.4	Schedule D. Parts XI and XII	12a	- 1	<u>X</u>
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	\rightarrow	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ľ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u></u>
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	}	<u>X</u> _
6	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	16	1	X
7	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
8	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	18		X
9	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	19		X
		Form §	90 (2	

Form 990 (2015) COUNCIL

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did'the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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_
245	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.70	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		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.0		
·	any tax-exempt bonds?	24c		I I
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1 1		
	Schedule L, Part I	25b	1	X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1 1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120	-	
~-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	- 1	<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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		- †	
	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
•	If "Yes," complete Schedule N, Part I	31	l	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	X
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	\mathbf{x}	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
	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?		$\neg \uparrow$	
	Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	
		Form 9		015)

orn	990 (2015) COUNCIL 23-739	4928	} _F	age
_	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	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	0		
b	The state of the s	o	1	1
c	District the second state of the second state	Ť		
·	(gambling) winnings to prize winners?	1c	1	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0	 	<u> </u>
20		ol	1	
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		\vdash
a -		20		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	- 1
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country.	1	}	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			v
	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 gifts)		1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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?			
	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 required		1	
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-	- 1	
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.		ŀ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter.	1	ł	
	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			
1	Section 501(c)(12) organizations. Enter:	} {	}	
_	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		l	
	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			
^	Enter the amount of reserves on hand	1	1	

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

23-7394928

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						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing			7	}		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	į					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	•	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					}	
2	officer, director, trustee, or key employee?	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arry ourior		2	- 1	X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t sunervision	-	_		
3	of officers, directors, or trustees, or key employees to a management company or other person?	unco	Superviolen	٠ .	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	- 3			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			-	$-\tau$		X
6	Did the organization have members or stockholders?				-		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint (one or		-	$\neg \uparrow$	
7 0	more members of the governing body?	po (o.	7	a	}	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockbo	lders or		_		
U	persons other than the governing body?	00,10	140,0,0,	7	,	}	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	hy the	following:	 '	_		
_		by the	ionowing.	8		$\mathbf{x} \perp$	
a	The governing body? Each computes with authority to get an hobelf of the governing body?			8		$\frac{x}{x}$	
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacted in Part VII.	hod a	the		-	^	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ilieu a	i ti ie	g			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	VODI IO	Code)				
000	tion B. I onolog (this section is requests information about policies not required by the internal ne	venue	Code./			es	No
10a	Did the organization have local chapters, branches, or affiliates?			10	$\neg \neg$	63	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	ntare	affiliatos	10	-		
Ü	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptors,	, armates,	10	<u>.</u>	Ì	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hefore	a filing the form?	11	\neg		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	50,0,,	, mmg and 1011111	<u>''</u>	-	$-\uparrow$	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a	ĺ	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o confl	rts?	12		$\neg +$	42
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye.			15	-	_	
	in Schedule O how this was done	J, UCC	ionibo	12		İ	
13	Did the organization have a written whistleblower policy?			13		_	X
14	Did the organization have a written document retention and destruction policy?			14	-	x	
15	Did the process for determining compensation of the following persons include a review and approval	hy ind	enendent	<u> '</u> '	' '	+	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by mid	срепаст	-			
а	The organization's CEO, Executive Director, or top management official			15		Ì	x
	Other officers or key employees of the organization			151			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1.0	+	-	<u></u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wit	h a	}	ł	1	
	taxable entity during the year?			16		ı	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ıts pa	rticipation	<u> </u>	_		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			1	-	- }	
	exempt status with respect to such arrangements?	-		161	,	1	
Sect	ion C. Disclosure			1			
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s only	availa	able		
	for public inspection. Indicate how you made these available. Check all that apply		. , , ,,		-		
	Own website Another's website X Upon request Other (explain in	Sche	dule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confl			nd fina	ncia	l	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	records:				
	DOUG MILLS - (970)223-2824		· _				
	363 W. DRAKE, FORT COLLINS, CO 80526						

23-7394928

Form 990 (2015) 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

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

- 1a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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 hours per week	offi	not c c, unle	Pos heck iss pe	more erson	than	th an	(compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below 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)	compensation from the organization and related organizations
(1) RICKIE BROWN	10.00									
PRESIDENT	0.00	X	!	X	-	}		0.	0.	0.
(2) SHERRY DAY	2.00									
1ST VICE PRESIDENT	2 00	X		X		├		0.	0.	0.
(3) SANDY ALEXANDER	2.00	1		7.5	}					•
2ND VICE PRESIDENT	4 00	X		X		 	<u> </u>	0.	0.	0.
(4) MARIA BINGHEIM	4.00	.,		,,	İ					•
RECORDING SECRETARY	4 00	X		X	_	-		0.	0.	0.
(5) JUDY SIMPSON	4.00	v-								0
CORRESPONDING SECRETARY	4.00	X	-	X				0.	0.	0.
(6) KIM KUMMER	4.00	х		x	l			0.	0	0
TREASURER	0.10	^		^		-	_		0.	0.
(7) CAROLYN VASKO	0.10	х		x				0.	0.	0
INCOMING 2016-2017 CORRESPONDING SEC (8) TERRI OLSON	4.00	^					_	U•		0.
WORKSHOP COORDINATOR	#•00	x		Į	l			0.	0.	0.
(9) VICKIE FARRIS, JR.	0.10	Α								
PAST IC PRESIDENT	0.10	x	}		- 1	1		0.	0.	0.
(10) VICKY JONES, SR.	0.10		_		\neg			- -		<u>v.</u>
PAST IC PRESIDENT		x	ł	J	J			0.	0.	0.
(11) LEANN WRAY	2.00				\neg					
PARLIAMENTARIAN		x		l	Į			0.	0.	0.
(12) CHARLOTTE CARLONI	0.10									
ESA HO REPRESENTATIVE		X						0.	0.	0.
				_	٦					
					_					
			1	- {	}					
			_							
_			- 1							
		_		_		_	_			
ļ			$\left\{ \right.$	į	- 1		l			
		-			\dashv					
}		1	}	}		- }		İ		
	J	- 1	- 1	- 1	ſ	- 1	- 1		1	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (C) (B) (D) (E) (A) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation compensation amount of box, unless person is both an week from related other from (list any the organizations compensation ndividual trustee or director hours for (W-2/1099-MISC) organization from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations Officer line) 0. 0. 1b Sub-total 0. 0 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 611710 4,677,076.4,677,076. 611710 444,877. 444,877. Program Service Revenue ь MEMBERSHIP DUES f All other program service revenue 5,121,953 q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 611710 239,075. 239,075. d All other revenue 239,075. e Total. Add lines 11a-11d 5,361,028.5,361,028. Total revenue See instructions.

Form 990 (2015) COUNCIL
Part IX Statement of Functional Expenses

	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		6/2011363	gariotal experises	- CAPOTIOGO
•	and domestic governments. See Part IV, line 21	2,934,644.	2,934,644.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		11		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		· · · · · · · · · · · · · · · · · · ·		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	····			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	····			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				···
10	for any federal, state, or local public officials	ĺ			
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	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.)				
	OPERATING EXPENSES	923,320.		923,320.	
b	OTHER EXPENSES	261,083.	261,083.		
С					
d					
	All other expenses				
	Total functional expenses Add lines 1 through 24e	4,119,047.	3,195,727.	923,320.	0.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	i			
	educational campaign and fundraising solicitation.				

Form 990 (2015)
Part X | Balance Sheet

Pa	IIT X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		1	
	•		(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash · non-interest-bearing	1,573,392.	1	2,887,276
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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		5	
	6	Loans and other receivables from other disqualified persons (as defined unde	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	-	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	····
	10a	Land, buildings, and equipment cost or other		.	
	1	basis. Complete Part VI of Schedule D 10a		1 1	
	b	Less accumulated depreciation 10b		10c	
	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		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,573,392.	16	2,887,276
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		•	
=	İ	key employees, highest compensated employees, and disqualified persons		. 1	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		Ì	
		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	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ses		complete lines 27 through 29, and lines 33 and 34.		[
<u>ē</u>		Unrestricted net assets		27	
ឌ្ឋ		Temporarily restricted net assets		28	
בן		Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets of Fund Balances		and complete lines 30 through 34.		_	0
ו מנו		Capital stock or trust principal, or current funds	0.	30	<u>0.</u>
₹		Paid-in or capital surplus, or land, building, or equipment fund		31	0.
Se		Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	1,573,392. 1,573,392.	32	2,887,276.
		Total liabilities and net assets/fund balances	1,573,392.	33	2,887,276. 2,887,276.
		Total habilities and high associa/fund baidines	1,010,092.	34	Form 990 (2015)

	EPSILO IGMA ALPHA INTERNATIONAL				
For	n 990 (2015) COUNCIL	23-73	394928	Pac	ge 1 2
_	ort 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	5,363	1,0	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,119	9,0	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,24	1,9	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,573	3,3	92.
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	71	L,9	03.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,887	7,2	76.
Pa	rt XII Financial Statements and Reporting				
	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	0		- 1	
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	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			- 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 separate	basis,			
	consolidated basis, or both			1	
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		- 1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

Form **990** (2015)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

Internal Revenue Service

(Form 990 or 990-EZ)

, Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organization	ations Complete Part III			
Nar	me of organization EPSILO	N SIGMA ALPHA IN	TERNATIONAL	Emp	oloyer identification number
	COUNCII				23-7394928
Pi	art I-A Complete if the or	ganization is exempt un	der section 501(c	c) or is a section 527 of	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities	_	£
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶ 5	.
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5 5 ▶ \$	S
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	a Was a correction made?				Yes No
t	if "Yes," describe in Part IV				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c	··	
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	·
2	Enter the amount of the filing organ	nization's funds contributed to c	ther organizations for	section 527	
	exempt function activities			▶ \$	·
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b			▶ \$	·
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er				
	made payments. For each organiza	· ·	• •		•
	contributions received that were pr political action committee (PAC). If				ite segregated fund or a
		[· 1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
		···			
	1				

Schedule C (Form 990 or 990-EZ) 2015	COUNCIL		NTERNATI (L	23-	7394928 Page 2
Part II-A Complete if the or section 501(h)).	ganization is ex	empt under sect		eu Form 5706	(election under
A Check ► I If the filing organiz	ation belongs to an a		t ın Part IV each affiliated	group member's na	me, address, EIN,
B Check > if the filing organiz	ation checked box A	and "limited control" j	provisions apply		
	nts on Lobbying Exp ditures" means am	enditures ounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinior	(grass roots lobbying)		
b Total lobbying expenditures to inf	luence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)		1		
d Other exempt purpose expenditu	res				
e Total exempt purpose expenditur	es (add lines 1c and	1d)			
f Lobbying nontaxable amount En	er the amount from t	he following table in b	oth columns.		
If the amount on line 1e, column (a)	or (b) is: The Id	bbying nontaxable a	mount is:		
Not over \$500,000	20% c	of the amount on line 1	e		
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the e	cess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$175,0	000 plus 10% of the e	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17		000 plus 5% of the exc			
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (e	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-		Γ		
i Subtract line 1f from line 1c. If zer	o or less, enter -0-				
J If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organ	zation file Form 4720		
reporting section 4911 tax for this		-			Yes No
	 	eraging Period Unde	er section 501(h)		
(Some organizations t		~ ~	t have to complete all of	f the five columns I	below.
	See the sepa	rate instructions for	ines 2a through 2f.)		
	Lobbying Expe	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					

Schedule C (Form 990 or 990-EZ) 2015

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

EP ON SIGMA ALPHA INTERNATI L

Schedule C (Form 990 or 990 EZ) 2015 COUNCIL

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description the lobbying activity.		a)	1 0	
	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter		l		
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
				
A. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	(5), or se	ction	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c)(
ort III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c)(
if the filing organization incurred a section 4912 tax, did it file Form 4/20 for this year? Int III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ction 501(c)(Yes	N
ort III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	etion 501(c)(Yes	
Were substantially all (90% or more) dues received nondeductible by members?	etion 501(c)(1		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	ction 501(c)(1 2 3 (5), or se	X	2
The section of the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501	ction 501(c)(1 2 3 (5), or se	X	2
were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4), second till-B complete if the organization is exempt under section 501(c)(4).	ction 501(c)(ed "No," OF	1 2 3 (5), or se	X	2
were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Int III-B Complete if the organization is exempt under section 501(c)(4), second 101(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ction 501(c)(ed "No," OF	1 2 3 (5), or se	X	2
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Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? To ant III-B Complete if the organization is exempt under section 501(c)(4), section 161(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the organization is exempt under section 501(c)(4), section	etion 501(c)(ed "No," OF	1 2 3 (5), or se R (b) Par	X	2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	etion 501(c)(ed "No," OF	1 2 3 (5), or se 3 (b) Par 1 2a 2b 2c	X	N N 2

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

Inspection

OMB No 1545-0047 2015

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▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 23-7394928			X Yes No	
Name of the organization EFSILON SIGMA ALPHA INTERNATIONAL COUNCIL	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP SENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö Ö o (e) Amount of assistance non-cash recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 999 8 20, 709 17,263 (d) Amount of 52,046 5,888 14,428 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 23-7393776 84-1558942 23-7393267 84-1465778 23-7393268 20-1400651 (p) EIN 1 (a) Name and address of organization or government ALPHA CHI, SOUTH DAKOTA ALPHA ALPHA, LOUISIANA ALPHA BETA, TENNESSEE ALPHA DELTA, WYOMING ALPHA BETA, ILINOIS ALPHA DELTA, KANSAS Part Q

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

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EPSILON SIGMA ALPHA INTERNATIONAL

COUNCIL

Schedule I (Form 990)

Page 1

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Schedule I (Form 990)

EPSILON SIGMA ALPHA INTERNATIONAL		Of Grounds and Other Assistance
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Schedule I (Form 990) COUNCIL	The winer	TOWN THE THE PURPOSE	OINAL				23-7394928 Page 1
(a) Name and address of coganization or government or government of coganization or government of coganization or government coga	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA OMEGA, KANSAS	23-7394662		33,469,	0			GENERAL AND SCHOLARSHIP SUPPORT
ALPHA OMEGA, MISSOURI	51-0215825		8,494,	•0			GENERAL AND SCHOLARSHIP SUPPORT
ALPHA OMEGA, WASHINGTON	74-2789945		15,029,	0			GENERAL AND SCHOLARSHIP SUPPORT
ALPHA OMEGA, LOUISIANA	84-1541670		6.863.	0			GENERAL AND SCHOLARSHIP
ALPHA OMICRON, ARIZONA	23-7393165		10 943.	0			GENERAL AND SCHOLARSHIP
ALPHA PI, ALABAMA	63-1180094		6,924	Ö			GENERAL AND SCHOLARSHIP
ALPHA RHO, OKLAHOMA	84-1437556		7. 4.93	C			GENERAL AND SCHOLARSHIP
АСРНА КНО, ОТАН	84-1387498		, ,	0			GENERAL AND SCHOLARSHIP
ALPHA SIGMA, MINNESOTA	51-0215675		5,646,	*0			GENERAL AND SCHOLARSHIP
							Schodule 1 (Form 000)

Schedule I (Form 990)

		EPSILON	SIGMA	ALPHA	EPSILON SIGMA ALPHA INTERNATIONAL
Schedule	Schedule I (Form 990)	COUNCIL			
Part II	Continuation of	Grants and Othe	r Assistance	e to Gover	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the

Schedule I (Form 990) COUNCIT. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990)) Part III	Assistance to Go	vernments and Organ	izations in the Ur	oited States (Sche	dule I (Form 990) Pa		23-7394928 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALPHA THETA, KENTUCKY	31-1547828		6,107.	0			GENERAL AND SCHOLARSHIP	
ALPHA THETA, WASHINGTON	23-7393824		6,612.	0			GENERAL AND SCHOLARSHIP SUPPORT	(
ALPHA XI, ARKANSAS	31-1416541		43,911.	0			GENERAL AND SCHOLARSHIP SUPPORT	
ALPHA ZETA, OKLAHOMA	30-0534048		5,109.	,			GENERAL AND SCHOLARSHIP SUPPORT	
ALPHA ZETA, KANSAS	84-1566345		6,515.	0			GENERAL AND SCHOLARSHIP SUPPORT	
АГРНА ZETA, UTAH	84-1464172		12,175.	0			GENERAL AND SCHOLARSHIP SUPPORT	(
BETA ALPHA, ARKANSAS	23-7391811		16,078,	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA BETA, FLORIDA	84-1413835		7,070,	0.			GENERAL AND SCHOLARSHIP SUPPORT	
BETA IOTA, OKLAHOMA	23-7394653		17,480,	0			GENERAL AND SCHOLARSHIP SUPPORT	
							Schedule 1 (Form 990)	

Schedule I (Form 990) COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	SIGMA ALPHA	A INTERNATION	I ONAL	nted States (Sche	idule I (Form 990), Pa		23-7394928 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BETA NU, KENTUCKY	31-1590365		12,738.	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA OMICRON, WISCONSIN	23-7393816		14,225,	0			GENERAL AND SCHOLARSHIP SUPPORT	(
BETA TAU, MISSOURI	84-1526342		5,329,	0.			GENERAL AND SCHOLARSHIP SUPPORT	,
BETA THETA, FLORIDA	59-3198185		20,071.	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA UPSILON, ARKANSAS	51-0215974		11,913.	0			GENERAL AND SCHOLARSHIP SUPPORT	
BETA ZETA, UTAH	84-1391506		13,422.				GENERAL AND SCHOLARSHIP SUPPORT	(
BETA ZETA, ILLINOIS	84-1556061		6,355,	0			GENERAL AND SCHOLARSHIP SUPPORT	1
CALIFORNIA STATE COUNCIL	23-7393147		7,540.	0			GENERAL AND SCHOLARSHIP SUPPORT	,
CHI EPSILON, KANSAS	48-1133311		24,817.	0			GENERAL AND SCHOLARSHIP SUPPORT	ı
532241							Schedule I (Form 990)	

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			TOMOT				23-7394928 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Gov	rernments and Organ	nizations in the U	nited States (Scho	edule I (Form 990), Pa	и II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE COUNCIL	23-7392167		774 774	C			GENERAL AND SCHOLARSHIP
DELTA IOTA, INDIANA	23-7393234		9				SUFFORT. GENERAL AND SCHOLARSHIP
DELTA CHI, COLORADO	84-0948649		5,825,	0			GENERAL AND SCHOLARSHIP
DELTA DELTA, INDIANA	84-1462711		12 678	O			GENERAL AND SCHOLARSHIP
DELTA EPSILON, KANSAS	48-1201652		5 499	o			GENERAL AND SCHOLARSHIP
DELTA GAMMA, OREGON	93-0953243			c			GENERAL AND SCHOLARSHIP
DELȚA KAPPA, OKLAHOMA	23-7393752			0			GENERAL AND SCHOLARSHIP
DELTA KAPPA, OREGON	93-1105460		6 188.	0			GENERAL AND SCHOLARSHIP
DELTA TAU, KENTUCKY	84-1558937			0			GENERAL AND SCHOLARSHIP

EPSILON SIGMA ALPHA INTERNATIONAL

COUNCIL Schedule I (Form 990)

Page 1 GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP GENERAL AND SCHOLARSHIP (h) Purpose of grant or assistance 23-7394928 SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) o Ö Ö Ö 0 (e) Amount of non-cash assistance o 6,575. (d) Amount of cash grant 8,280, 9,183 5,313 14,674 10,254 9,530 17,734 5,635 (c) IRC section if applicable 37-1791914 20-0217720 84-1516097 23-7392909 30-0733638 35-2521502 84-1558931 23-7392066 41-1908802 (b) EIN DELTA ZETA, DISTRICT OF COLUMBIA (a) Name and address of organization or government DELTA THETA, PENNSYLVANIA EPSILON KAPPA, OKLAHOMA EPSILON GAMMA, FLORIDA GAMMA OMEGA, MINNESOTA GAMMA CHI, TENNESSEE GAMMA BETA KANSAS EPSILON PI TEXAS ETA PI, INDIANA

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	er Assistance to Gov	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pa		43-1394948 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAMMA PI, INDIANA	35-6064897		11,433,	0	,		GENERAL AND SCHOLARSHIP SUPPORT
GAMMA PI, OKLAHOMA	73-1502726		10,568.	0			GENERAL AND SCHOLARSHIP SUPPORT
GAMMA ZETA, OKLAHOMA	23_7392919		10,473.	0			GENERAL AND SCHOLARSHIP SUPPORT
INDIANA STATE COUNCIL	35-6035814		19,682.	0			GENERAL AND SCHOLARSHIP SUPPORT
KANSAS STATE COUNCIL	84-1558948		5,400.	0			GENERAL AND SCHOLARSHIP SUPPORT
KAPPA MU, TEXAS	51-0215704		8,403,	o			GENERAL AND SCHOLARSHIP SUPPORT
LAMBDA XI, FLORIDA	84-1436290		8,086.	0			GENERAL AND SCHOLARSHIP SUPPORT
MINNESOTA STATE COUNCIL	41-1834353		16,917.	0			GENERAL AND SCHOLARSHIP SUPPORT
NU ALPHA, FLORIDA	84-1521209	,	9,706.	0			GENERAL AND SCHOLARSHIP
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	r Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance ,
OMEGA ALPHA, NEW MEXICO	85-0432797		7 942.	0			GENERAL AND SCHOLARSHIP SUPPORT
OMEGA NU, ILLINOIS	84-1504957		14,009.	•0			GENERAL AND SCHOLARSHIP SUPPORT
OMEGA PI, NORTH CAROLINA	84-1436305		6,794.	0			GENERAL AND SCHOLARSHIP SUPPORT
RHO CHI, MISSOURI	23-7393137		13,758.	0			GENERAL AND SCHOLARSHIP SUPPORT
RHO CHI, FLORIDA	84-1486194		.008.6	0			GENERAL AND SCHOLARSHIP
SIGMA CHI OHIO	84-1534391		7,054.	0			GENERAL AND SCHOLARSHIP
SIGMA DELTA, MISSOURI	43-1522843		5,561,	0			GENERAL AND SCHOLARSHIP
SIGMA PHI, FLORIDA	80-0893625		10,856.	,			GENERAL AND SCHOLARSHIP
SIGMA PHI, SOUTH CAROLINA	20-3509574		5,951.	0			GENERAL AND SCHOLARSHIP SUPPORT
							1000 - L. J. J. J. J. O.

Schedule I (Form 990)

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Schedule I (Form 990) COUNCIL Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	r Assistance to Governments and Organization	nizations in the U	nited States (Sche	dule I (Form 990). Pa		23-7394928 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THETA EPSILON, ARKANSAS	71-0648975		94,346.	0			GENERAL AND SCHOLARSHIP	
THETA OMEGA, SOUTH DAKOTA	84-1452246		7,674.	0			GENERAL AND SCHOLARSHIP	. (
THETA TAU, OKLAHOMA	51-0208387		9,294.	0			GENERAL AND SCHOLARSHIP	
XI CHI, ILLINOIS	20-1444237		11,869,	0			GENERAL AND SCHOLARSHIP	
ZЕТА АГРНА, ОК ГАНОМА	36-4661682		5,810,	0			GENERAL AND SCHOLARSHIP	
ZETA NU, NEW MEXICO	35-2340079		8 82 80 80 80	c			GENERAL AND SCHOLARSHIP	(
ZETA OMEGA, WISCONSIN	20-1444301			c			SUFFORT GENERAL AND SCHOLARSHIP	
ZETA RHO, LOUISIANA	84-1473351						SUPPORT GENERAL AND SCHOLARSHIP	
							SUPPORT	
532241							Schedule I (Form 990)	

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Page 2

23-7394928

Schedule I (Form 990) (2015)

COUNCIL
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Gran be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, ART T TINE 2.	lured in Part I, lin	e 2, Part III, column	(b), and any other a	line 2, Part III, column (b), and any other additional information.	
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CTIVITIES OF THE COMBINED CHAPTERS.	FOR	FUNDS GIVE	IN TO AFFIL	FUNDS GIVEN TO AFFILIATED CHAPTER	
RGANIZATIONS, NO FURTHER FOLLOW-UP IS DE	IS DEE	EMED NECESSARY.	ARY.		

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. EPSILON SIGMA ALPHA INTERNATIONAL

Employer identification number 23-7394928

COUNCIL	23-7394928
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION DOES NOT HAVE A FORMAL WRITTEN PO	LICY ON HOW THE
ORGANIZATION WILL REVIEW THE FORM 990.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND	FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

20.15

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

EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL Name of the organization

Employer identification number 23-7394928

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

(a)	(q)	(c)	(p)	(e)	(£)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 512(b)	2(b) 13) lled
of related organization		foreign country)	section	status (if section	entify	entity?	2
				501(c)(3))		Yes	<u>۷</u>
ESA MEMBERSHIP CORPORATION - 26-2732029	TO INSPIRE LEADERSHIP AND						
363 W. DRAKE ROAD	SERVICE BY BRINGING						
FORT COLLINS CO 80526	INDIVIDUALS TOGETHER	COLORADO	501(C)(4)		NA	_	×
EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL -	SUPPORTS AND ASSISTS						
23-7301068, 363 W. DRAKE ROAD, FORT COLLINS, INDIVIDUAL CHAPTER THROUGH	INDIVIDUAL CHAPTER THROUGH						
CO 80526	CONVENTION AND EDUCATION.	COLORADO	501(C)(4)		NA		×
ESA FOUNDATION - 23-7099403	PROVIDE STUDENT		 -				
363 W, DRAKE ROAD	SCHOLARSHIPS AND DONATIONS						
FORT COLLINS, CO 80526	TO CHARITABLE	COLORADO	501(C)(3)	LINE 5	NA		×
EPSILON SIGMA ALPHA INTERNATIONAL COUNCIL							
DISASTER FUND - 84-6124182, 363 W. DRAKE							
ROAD FORT COLLINS CO 80526	DISASTER RELIEF TO MEMBERS COLORADO	COLORADO	501(C)(4)		NA		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

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SIGMA ALPHA INTERNATIONAL EPSILON

COUNCIL Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 23-7394928

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1

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. ₹, Code V-UBI General or Personal or Schedule Personal Personal Partner? Of Schedule Personal Pe Percentage ownership Ξ Share of end-of-year assets Ξ Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (e Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ **e** Legal domicile (state or foreign country) Direct controlling entity ፱ Primary activity £ (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

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tions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
rtV Transa
Par

Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	1 _
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	lated organizations listed i	VIII.۱۷۶ در ۱۲۰۱۷	II	l, J
				_	}
		:		+	1
				+	1
d Loans or loan guarantees to or for related organization(s)	•			1	ì
e Loans or loan guarantees by related organization(s)				te X	ì
f Dividends from related organization(s)				× 	
a Sala of assets to related organization(s)					i
i Exchange of assets with related organization(s)		•	·		1
j Lease of facilities, equipment, or other assets to related organization(s)					1 .1
k Lease of facilities, equipment, or other assets from related organization(s)				× +	
	anization(s)				11
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)		L.,	-t-	}
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			th X	}
 Sharing of paid employees with related organization(s) 				0 X	1
				>	
					۱.
q Heimbursement paid by related organization(s) for expenses				PL BL	اد
r Other transfer of cash or property to related organization(s)				ır X	اد
s Other transfer of cash or property from related organization(s)				ts 🔀	اب
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.		(
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					1
S. C.					}
					}
(3)					ì
(4)					1
(5)					
(6) 532163 09-08-15			Schedule R	Schedule R (Form 990) 2015	115

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

 (h)
 (i)
 (j)
 (k)

 Disproportionate product in the post 20 managing allocations?
 Gode V-UBI General or Percentage managing ownership of Schedule K-1 partner?

 Yes No
 (Form 1065)
 Yes No
 end-of-year Share of assets (f) Share of Income total Predominant income parties second (related, unrelated, 511(c)(3) sections 512-514) (state or foreign Legal domicile country) Primary activity Name, address, and EIN

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