OMB No. 1545-0047

2017

740072

3 0

0 0 0

737718

End of Year

2354

33771

33771

16295

31417

31417

Beginning of Current Year

19

20

21

22

Den:	ertment c	of the Treasury	► Do not enter social security number	ers on this form	as it may be	made publi	92N1	Open to	
Inten	nal Reve	nue Service	► Go to www.irs.gov/Form990 for		· · · · · · · · · · · · · · · · · · ·		1001	Inspec	tion
			ndar year, or tax year beginning 08/01		7, and ending		7/31	, 20 18	
		f applicable.	C Name of organization SIGMA CHI FRATERNITY E	TA UPSILON C	HAPTER TEX	AS A&M	D Employ	er identification n	umber
_		s change	Doing business as		1-			51-0207538	
$\overline{}$	Name o	~	Number and street (or P O box if mail is not delivered to	street address)	Room/suite	•	E Telephor	ne number	
\sqcup	Initial re	tum	500 FRATERNITY ROW		<u>_</u>				
\sqcup	Final retu	ım/terminated	City or town, state or province, country, and ZIP or fore	gn postal code					
M	Amende		COLLEGE STATION, TX 77845			,	G Gross re	ceipts \$	740072
Ш	Applica	tion pending	F Name and address of principal officer 1		4	1	•	subordinates? 🔲 Yes	
		i	SAME AS C ABOVE		7	→ `''		s included? 🔲 Yes	
<u></u>	Tax-exe	mpt status	☐ 501(c)(3)	o) 🗌 4947(a)(1) d	or 5271	lf "N	lo," attach a	list (see instruction	กร)
	Websit					H(c) Group	exemption	number ▶	
			Corporation ☐ Trust ☐ Association 🗹 Other ►	<u> </u>	Year of formatio	n 1976	M State	of legal domicile	TX
Pa	art I	Summ							
i	1	Briefly de	scribe the organization's mission or most sigi	nificant activiti	es: THE PU	RPOSE OF	THIS FRA	TERNITY SHAL	L BE TO
9		CULTIVA 1	E AND MAINTAIN THE HIGH IDEALS OF FRIENI	DSHIP, JUSTIC	E AND LEARN	ING AND T	O DEVEL	EOP VALUES-	BASED
Governance			COMMITTED TO THE BETTERMENT OF CHARA						
ě	2	Check thi	s box $ ightharpoonup \square$ if the organization discontinued its	operations or	disposed of	more than	25% of	its net assets.	
င္ဗ	3		of voting members of the governing body (Par						4
Activities &	4	Number o	of independent voting members of the govern	ing body (Part	VI, line 1b)		4		3
ţį.	5	Total num	nber of individuals employed in calendar year	2017 (Part V, I	ine 2a) .		5		0
.₹	6	Total num	nber of volunteers (estimate if necessary) .				6		0
¥	7a	Total unre	elated business revenue from Part VIII, column	า (C), line 12			7a		0
	b	Net unrela	ated business taxable income from Form 990	<u>-T,</u> line 34 .	. <u>.</u>		7b		0
				_		Prior Ye	ar	Current Ye	∍ar
9	8	Contribut	ons and grants (Part VIII, line 1h)	•	[378302		740072
ᇎ	9	Program :	service revenue (Part VIII, line 2g)	•					
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and	l 7c					
-	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)	·				
	12	Total reve	nue-add lines 8 through 11 (must equal Part \	/III, column (A)	, line 12)		378302		740072
	13	Grants an	d similar amounts paid (Part IX, column (A), li	nes 1–3)			ĺ		
	14		paid to or for members (Part IX, column (A), lin	•	<u> </u>			-	· · · · · ·
စ္အ	15	Salanes, o	ther compensation, employee benefits (Part IX,	column (A), line	es 5–10)				
Expenses	16a		nal fundraising fees (Part IX, column (A), line		· · ·			·	
<u>ē</u>	b		Iraising expenses (Part IX, column (D), line 25)	•	· ·				í
ũ	17		enses (Part IX, column (A), lines 11a-11d, 11f				362007		737718
	18	-	enses. Add lines 13–17 (must equal Part IX, co	•	25)		362007		737718

Return of Organization Exempt From Income Tax

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all intermation of which preparer has any knowledge

	Course Jacobs			101	
Sign Here	Signature of officer Connor Downing	C31(JUL 2 6 2019	Dat Dat	7-16-19
	Type or print name and title	1.1	OCDEN LIT		
Paid Preparer	Print/Type preparer's name	Preparer's signature	e ()(3'	-Date	Check I if self-employed
Use Only	Firm's name ▶	Firm	Firm's EIN ▶		
	Firm's address ▶	Pho	Phone no		
May the IRS	discuss this return with the preparer	shown above? (see instructions)		Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26)

Cat No. 11282Y

Form **990** (2017)



4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Form 990 (2017)

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)? If "Yes,"			
	complete Schedule A	1	ļ	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b		1
С	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		>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		\
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	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
17	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 (see instructions)	17		✓
18	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		✓
19	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		✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		✓
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		✓
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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			···
_	Schedule L, Part IV	28ь		✓
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	•	7
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			•
	Part I	31		✓
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		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Ţ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		<u> </u>
_	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	- COD		
	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	30	-+	
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	5,	-+	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		1
		3		•

	0 (2017) V Statements Regarding Other IRS Filings and Tax Compliance			Page :
Part	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	ļ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
0-	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		✓
b 4=	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			ĺ
	account)?	4a		1
b	·	-	 	╁
	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ĺ	İ	
	(FBAR).	Ì		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
_	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			ļ
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 ''		
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			 -
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10	the control of the co			
a b	Gross receipts, included on Form 990, Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

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

13b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 4			
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 7-	Did the organization have members or stockholders?	6_		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	./	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>'a</u>	_	
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- <u></u> -		1
	the year by the following:			
а	The governing body?	8a		✓
ь	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - \	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓_
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		j	{
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لب
	with a taxable entity during the year?	16a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
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	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest (oolicy	, and
	financial 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 books and recognized for ERATERNITY POW COLLEGE STATION TY 77845 817-907-9242	cords:	>	
	106751060 600 60760011 V DING 170 1 666 STATEM 17 77976 917.497.497			

Form **990** (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 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.

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

✓ Check this box if neither the organization no	r any relate	d orga	aniz	atic	on c	ompe	nsa	ited any currer	it officer, director	r, or trustee.	
(A) Name and Title	(B) Average hours per	(,					one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	_
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) GRAYSON HUMPHREY	10							İ			
PRESIDENT	1	İ		1				ه ا	o		0
(2) LUKE MEYER	10							_			<u> </u>
VICE PRESIDENT				✓				0	o		0
(3) CONNOR DOWNING	10										
TREASURER				✓				0	0		0
(4) ANDREW SALAZAR	10			١,				_			
SECRETARY				-	<u> </u>			0	0		0
(5)											
(6)											
(7)											
(8)											_
(9)											_
(10)											
(11)									:		
(12)											
(13)											_
(14)											_

					·,				· · · · · · · · · · · · · · · · · · ·	mployees (contin			
						C)			-				
	(A)	(B)	Position (do not check more than of					one (D)		(E)		(F)	
	Name and title	Average	box, ı	unles	s pe	rson	is both	an	Reportable	Reportable		mated	
		hours per week (list any	office	er and		rect	or/trust	-	compensation	compensation from related		ount of ther	
		hours for	유급	ins	Officer	<u>₹</u>	ᆵ	2	the	organizations		ensatior	1
		related	Individual trustee or director	nstitutional trustee	icer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)		m the	
		organizations below dotted	호플	one !	1	둳	99	`	(W-2/1099-MISC)	:		nization related	
		line)	200	3	ŀ	yee	mpe		·			izations	;
			8	stee	ŀ		nsai						
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(24)													
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(25)													
1b	Sub-total			•	•		٠						
C	Total from continuation sheets to Part	•		•	•		•						
<u> </u>	Total (add lines 1b and 1c)						<u> </u>	<u> </u>					
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) W	ho received mo	ore than \$100,00	IU of		
	reportable compensation from the organi	zation >											
2	Did the organization list any former of	Figor direct	tor o		unta		kov. o		lovos or high	act companents	~ <u> </u>	Yes	No
3	employee on line 1a? If "Yes," complete S							шр	noyee, or mgm	est compensate	}		
	For any individual listed on line 1a, is the							 			3	+	√
4	organization and related organizations												
	individual	greater the	ונף ווב	30,	000	: "	763	>,	complete Scri	edale o loi suc	" —		
_	Did any person listed on line 1a receive o		· ·	neat	· ion	fror	n anv		related organiz	ation or individu			<u> </u>
5	for services rendered to the organization?										a		—
Contin	n B. Independent Contractors	11 100, 0	<u> </u>					<u> </u>	don poroon		<u> </u>		<u> </u>
1	Complete this table for your five highest of	omponeat	nd inc	lone	nde	nt.	contr	acto	are that receive	d more than \$10	nn nnn of		
•	compensation from the organization. Rep												¥
	year.	or compo	ioutio	,,,,	, ,,		2101141	ω, <u>,</u>	car chang wa		gamean	,,, o ta	^
	(A)								(B)		(C)		
	Name and business add	ress							Description of se	ervices	Compens	ation	
		····											
2	Total number of independent contracto	rs (includin	a bu	t no	ot li	mit	ed to	th	ose listed abo	ve) who			5
_	received more than \$100,000 of compensations												Ì
				٠							Form	990 (2017

Par	t VIII							_
		Check if Schedule O contains	a res	ponse or note to	any line in this (A) Total revenue	Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>	1 4		1 .			revenue	10101100	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
S 2	b	Membership dues	1b	638112				
S, (С	Fundraising events	1c	101960				
ar ar	d	Related organizations	[1d					
S'E	е	Government grants (contributions)	1e					
2 2	f	All other contributions, gifts, grants,						
돌		and similar amounts not included above	1f					
돌	g	Noncash contributions included in lines 1						
ŞΈ	h	Total. Add lines 1a-1f			740072		ł	
	- "	Total Add lines 1a-11	····	Business Code	740072		 	
Ĕ	2a			545655 5545			- 	-
ě								
ë	b			-				
Ξ̈	C						 	
တိ	d						ļ	
ä	e							
Program Service Revenue	f	All other program service reven						
<u>~</u>	g	Total. Add lines 2a-2f						
	3 4 5	Investment income (including and other similar amounts) . Income from investment of tax-exe Royalties	 empt bo	▶ ond proceeds ▶	-			
	"	(i) Rea		(II) Personal				
	6-	⊢ —"		(4)			,	" · · · · · · · · · · · · · · · · · · ·
	6a	Gross rents					}	
	b	Less: rental expenses						
	С	Rental income or (loss)						
	_ d	Net rental income or (loss)						ļ
	7a	Gross amount from sales of (i) Second	lies	(ii) Other			. *	, ,
		assets other than inventory				·		
	ь	Less. cost or other basis and sales expenses						
	C	Gain or (loss)			Acco u Ci	,	t * * * * * * * * * * * * * * * * * * *	7 7
	đ	Net gain or (loss)		▶				
evenue	8a	Gross income from fundraising events (not including \$:			•	·	
Other Reve		of contributions reported on line 1 Scc Part IV, linc 18	. а			•		ss
ਰ∣		Less: direct expenses						
		Net income or (loss) from fundra	•	events . 🕨	* *** **** ***************************			
	9a	Gross income from gaming active See Part IV, line 19				•		
	ь	Less: direct expenses	. b					
	С	Net income or (loss) from gamir	ng acti	vities ▶				
	10a	Gross sales of inventory,	less				***************************************	
		returns and allowances						İ
	b	Less: cost of goods sold			İ			
		Net income or (loss) from sales		entory ►		,,,,		
-	С	Miscellaneous Revenue	J. 111VE	Business Code			 	i
	44-	INDEGRATIONS LICACINE		Sections Cond	.		·	
	11a						-	
	b						+	
	С			į				
	d	All other revenue					1	
	е	Total. Add lines 11a-11d		▶				
J	40	Total Con instructions		<u>~</u> [

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	·			
	Check if Schedule O contains a respon	, , , , , , , , , , , , , , , , , , , 			
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	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)	o	0	0	
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits	_		,	
b c d	Legal				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	3514		3514	
15 16 17 18	Royalties	324335	324335		
19 20 21	for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				,
а	RUSH	132760	132760		
b	SOCIAL	184440	184440		
С	PHILANTHROPY	54349	54349		
d	IFC/NATIONAL DUES	38319	38319		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	737717	734203	3514	
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)				

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Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X $\overline{\mathbf{V}}$ (A) **(B)** Beginning of year End of year 1 31417 1 17233 2 2 Savings and temporary cash investments 16538 3 3 Pledges and grants receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 Assets 7 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 15 31417 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 33771 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 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 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 O Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 31417 32 33771 33 33 31417 33771

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31417

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Page	-1	4

					9
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7-	40072
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	<u>37717</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			2355
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>31417</u>
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ĺ			
	33, column (B))	10		;	33771
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u> 7</u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ii	n		
	Schedule O.		<u> </u>		
2a					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لب
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	a		
	separate basis, consolidated basis, or both:		ĺ		- 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 ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts				
	If the organization changed either its oversight process or selection process during the tax year, ex	olain II	ו ח		ĺ
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in	1 1		
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idits.	3b		
			Forn	n 990	(2017)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

SIGMA CHI FRATERNITY ETA UPSILON CHAPTER TEXAS A&M UNIVERSITY 51-0207538 FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE INITIATED MEMBERS OF THE FRATERNITY VOTE AND ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.