# **Short Form**

29492061060000 omb Ro 1545-1150

Return of Organization Exempt From Income Tax

2018

## 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

	ror the	2016 Calellua	r year, or tax year beginning , 2016, and en	ung		, 20
В	Check if a	pplicable	C Name of organization		) Employerı	dentification number
	Address c	hange	FRESNO SIGMA CHI ENDOWMENT		26-25	36438
	Name cha	nge	Number and street (or PO box, if mail is not delivered to street address)	om/suite E	Telephone r	number
	Initial retur	m				
Ď.	Final retur	n/terminated	(559)	456-0128		
Ñ.	Amended	return	Group Exer	nption		
፳.	Application		Fresno, CA 93727		Number •	1
		ling Method		H CI	heck ► 🛛	if the organization is not
	Website	-			quired to attac	
			neck only one) - 🗶 501(c)(3)	<u> </u>	•	EZ, or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other	<u> </u>		
		•	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets	_ <del></del>	<del></del>
						\$ 47,541
_	art l		e, Expenses, and Changes in Net Assets or Fund Balance			
7-W			he organization used Schedule O to respond to any question in this F	•		
	1		garts, grants, and similar amounts received			47,515
	2		rice revenue including government fees and contracts			47,313
	3		dues and assessments			<del></del> ,
	1 4		ncome			
	50		nt from sale of assets other than inventory		-	26
	5a		· · · · · · · · · · · · · · · · · · ·	<del></del>		<i>\$</i>
			other basis and sales expenses	<del></del>		- '  <del>-</del>
	1 -		,, (		5c	<del></del>
	6	-	fundraising events.		المراجع المراجع	
Ð	a		e from gaming (attach Schedule G if greater than		1, 3, 3,	
Revenue	_		6a			;
eve	6			contributions	- 1	
œ			ing events reported on line 1) (attach Schedule G if the		, 4	· //
			gross income and contributions exceeds \$15,000) · · · · · · · · 6b			
			xpenses from gaming and fundraising events 6c		- "~	
	a		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		i	7
	l _	•			6d	<del></del>
			of inventory, less returns and allowances			(1)
			goods sold · · · · · · · · · · · · · · · · · · ·			ht
	1 _	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8		e (describe in Schedule O)	· · · · · · ·	8	
	9_		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· <del>È IV/E' -</del>	9	47,541
	10		milar amounts paid (list in Schedule O)	ا <b>نا</b> کا ا	10	28,980
	111	Benefits paid	to or for members			<del> </del>
S	12	Salaries, othe	er compensation, and employee benefits	2.5. 20.	12	<del></del>
Expenses	13	Professional	lees and other payments to independent contractors		13	
xbe	14	Occupancy, r	ent, utilities, and maintenance	EN IN	14	
ũ	15	Printing, publi	cations, postage, and shipping	·LS (V) · U ·	1	1,128
	16		es (describe in Schedule O)		16	802
	17	Total expens	es. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·	<u> </u>	▶ 17	30,910
y)	18		eficit) for the year (Subtract line 17 from line 9)		18	_16,631
set	19		fund balances at beginning of year (from line 27, column (A)) (must agree with		43	
As			gure reported on prior year's return)			14,239
<b>Net Assets</b>	20		s in net assets or fund balances (explain in Schedule O)		<del></del>	
	21		fund balances at end of year Combine lines 18 through 20	<del></del>	▶ 21	30,870
E~-	D	code Doducatio	n Act Notice, see the congrete instructions			Form 990-F7 (2018)



Form 990-EZ (2018) FRESNO SIGMA CHI ENDOWME	ENT			26-2	<u> 5364</u>	438 Page 2
Balance Sheets (see the instructions for Part II)						_
Check if the organization used Schedule O to rest	pond to any question	n in this Part	<u> </u>	· · · · · · ·	· · ·	<u> </u>
			(A) Begini	ning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments				14,239	22	30,870
23 Land and buildings		[		_ 0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · · ·		[		0	24	
25 Total assets		[		14,239	25	30,870
26 Total liabilities (describe in Schedule O)		[		0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with	n line 21)			14,239	27	30,870
Partill Statement of Program Service Accomplishmen	nts (see the instructi	ons for Part I	l)			<del> </del>
Check if the organization used Schedule O to res	spond to any questic	on in this Part	III	🗌		Expenses
What is the organization's primary exempt purpose? Preservation	on of the Chapt	ter House		· · · · · · · · · · · · · · · · · · ·	, ,	uired for section
						c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the					_	nizations, optional for
persons benefited, and other relevant information for each program title	services provided, the i	namber of			other	·s )
28 Development and Preservation of the Sigma	Chi Fresno Chai	nter	_			<u> </u>
House, as it relates to education.	OHI IIODHO OHA	<i>p</i> 002				
nouse, as it leidles to education.						
(Grants \$ ) If this amount inc	cludes foreign grants, ch	heck here		▶ □	28a	8,980
29 Fresno State Alumni Association	siddes foreight granks, or	TICON TICIC				0,300
23 Figsho State Althuil Association	1					
				<del> </del>		
(Grants \$ ) If this amount inc	cludes foreign grants, ch	heck here			29a	20,000
30	siddes foreign grants, or	TICCK TICTC			130	20,000
(Create #	cludes foreign grants, ch	book boro			30a	
<del>2</del>		·			Jua	
The program of the control of				_	24.5	
	cludes foreign grants, ch				31a 32	
00 = 41				–	32	28,980
32 Total program service expenses (add lines 28a through 31a)					for Do	
Partiv List of Officers, Directors, Trustees, and Key Employee	es (list each one even if	not compensate	ed - see th	e instructions		1 IV)
	es (list each one even if	not compensate	ed - see th	e instructions	<u></u>	
List of Officers, Directors, Trustees, and Key Employee Check if the organization used Schedule O to respond to	es (list each one even if any question in this Par (b) Average	not compensate rt IV	ed - see th	e instructions to the contract of the contract	· · ·	1 IV)
Partiv List of Officers, Directors, Trustees, and Key Employee	es (list each one even if any question in this Pai (b) Average hours per week	rt IV (c) Reportable compensatio (Forms W-2/1099	ed - see th	d) Health benefits ntributions to emp benefit plans, and	s,	1 IV)
List of Officers, Directors, Trustees, and Key Employee Check if the organization used Schedule O to respond to  (a) Name and title	es (list each one even if any question in this Par (b) Average	not compensate  rt IV (c) Reportable compensation	ed - see th	d) Health benefits	s,	1 IV)
List of Officers, Directors, Trustees, and Key Employee Check if the organization used Schedule O to respond to  (a) Name and title  Marvin Meyers	es (list each one even if any question in this Par (b) Average hours per week devoted to position	rt IV (c) Reportable compensatio (Forms W-2/1099	ed - see th	d) Health benefits ntributions to emp benefit plans, and	ioyee	(e) Estimated amount of other compensation
List of Officers, Directors, Trustees, and Key Employee Check if the organization used Schedule O to respond to  (a) Name and title  Marvin Meyers President	es (list each one even if any question in this Pai (b) Average hours per week	rt IV (c) Reportable compensatio (Forms W-2/1099	ed - see th	d) Health benefits ntributions to emp benefit plans, and	s,	1 IV)
List of Officers, Directors, Trustees, and Key Employee Check if the organization used Schedule O to respond to  (a) Name and title  Marvin Meyers  President John A Flores	es (list each one even if any question in this Par (b) Average hours per week devoted to position	rt IV (c) Reportable compensatio (Forms W-2/1099	ed - see th	d) Health benefits ntributions to emp benefit plans, and	tion	t IV)
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FRESNO SIGMA CHI ENDOWMENT

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26-2536438	Page 3

<u>"</u> Ра	TYVI Utner Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	+110
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	L	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · · ▶ 37a		:	
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	مكنيسر ه	, ,	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	,	X
	If "Yes," complete Schedule L Part II and enter the total amount involved	- 1		
39	Section 501(c)(7) organizations Enter	٠,٠	, -	
a	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	-		
10 a	Gross receipts, included on line 9, for public use of club facilities	ا را		
40 a			' `	
<b>.</b>	section 4911 , section 4912 , section 4955 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	ب '- ب		1
Ь	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			·
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700	,	<del> </del>
·	on organization managers or disqualified persons during the year under sections 4912,		, '	
	4955, and 4958			ļ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	<b> </b>		
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			1 ,7
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1,		,
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of ▶ JOHN A FLORES Telephone no ▶ 559-4	156-0	128	
	Located at ► 1246 S INVERNESS WAY, Fresno, CA ZIP+4 ► 9372	7		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		١,	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		'  .	. <del>*</del> .
	Financial Accounts (FBAR)	420	\	~~~
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
42	If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	i		L
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	7 .	103	15
u	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7.7.0		7
_	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1.5	٠,	, ~
_	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		• "	٠٧
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	۱۱۰۰۰	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Form 990-EZ See instructions	45b	<u> </u>	X
		-arm 00	0 67/	20101

Form 990- <u>EZ</u> (	2018) FRESNO SIGMA CH	I ENDOWMENT			26-253	6438	Page
	ne organization engage, directly or indirectly, in indidates for public office? If "Yes," complete Sc					20.2 X	es No
to car PartiVI	Section 501(c)(3) Organizations					1 40	^
-t-er riceta ST	All section 501(c)(3) organizations 50 and 51		tions 47 - 49b and 5	52, and comp	lete the tal	bles for li	nes
	Check if the organization used Sch	nedule O to respond	d to any question in	this Part VI			· · · <u> </u>
7 Did ti	ne organization engage in lobbying activities or	have a section 501(h) ele	ction in effect during the t	ax		Y	es N
year?	If "Yes," complete Schedule C, Part II		. <b></b>			47	X
	e organization a school as described in section 1					48	X
	ne organization make any transfers to an exemp					49a	X
	s," was the related organization a section 527 o					49b	
	plete this table for the organization's five highes						
empl	oyees) who each received more than \$100,000	of compensation from the	e organization If there is				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to benefit plans, and compensa	employee (	e) Estimated a other compr	
IONE							
		<u> </u>		<del>                                     </del>			
-							
		<u>L</u>					
	number of other employees paid over \$100,000			_			
	plete this table for the organization's five highes ,000 of compensation from the organization.			received more th	nan		
	(a) Name and business address of each independent contra	clor	(b) Type of servi	ce	(c) C	ompensation	
IONE							
ONE							
				-			
	-						
	number of other independent contractors each						
	ne organization complete Schedule A? Note: All s					⊠ Yes ∫	7 №
	eleted Schedule A				ov knowledge s		ַ װע
	ies of perjury, I declare that I have examined this returned and complete. Declaration of preparer (other than of				iy kilowledge at	וע טכווכו, ונ וא	
ue, conect,	John A Flores X	or all informa	or milori proparer rias a	1 2	- 19-19	<del>9</del>	
Sign	Signature of officer	)		Date		• • •	
lere	John A Flores, SECRETARY	<i>,</i> 	<del> </del>	<del></del>			
	Type or print name and title  Print/Type preparer's name	Prepareds-signature	Date	Che	ck [] , [	PTIN	
aid	Kelly McNeil	Č.	02-06-2		сх <u>Г.</u> Г	0004724	2
reparer		CPA's		Firm's EIN			
Jse Only							
	Fresno CA 93704		4	Phone no	559-22		
lay the IRS	discuss this return with the preparer shown ab	ove? See instructions			🕨	Yes	No
FA					-	Form 990-6	Z (2018

### SCHEDULE A (Form 950 or 990-EZ) Department of the reasury-Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Rublic

Name of the organization

Employer Identification number

FRE	SNO	SIGMA CHI ENDOWMENT			<del></del>		26-25364	
Pa	rit排	Reason for Public Charit	y Status (All or	ganizations must co	mplete	this part	) See instruction	S
The	orga	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box )			_
1		A church, convention of churches, or a	ssociation of churche	es described in section 17	'0(b)(1)(A)	(i).	4	\_
2		A school described in section 170(b)(	1)(A)(ii). (Attach Sch	edule E (Form 990 or 990	)-EZ) )		7 )	X
3	Ц	A hospital or a cooperative hospital ser	vice organization de:	scribed in section 170(b)	(1)(A)(ni).		O	1
4	Ш	A medical research organization opera	ted in conjunction wil	th a hospital described in s	section 17	0(b)(1)(A)(	ιιί). Enter the	
	_	hospital's name, city, and state		<del></del>				
5	Ш	An organization operated for the bene	•	iversity owned or operate	d by a gov	ernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete P	•					
6	밁	A federal, state, or local government or	•	·				
7	X	An organization that normally receives	· ·	of its support from a gover	nmental u	nit or from	the general public	
	П	described in section 170(b)(1)(A)(vi).		Samuelata Dart II V				
8	H	A community trust described in section		•		ا مطفین ممیر		
9	Ш	An agricultural research organization d						
		or university or a non-land-grant colleguriversity	ge of agriculture (se	e instructions) Enter the	name, city,		or the college of	
10		An organization that normally receives	(1) more than 33 1	1/3% of its support from c	ontribution	s, member	ship fees, and gross	
		receipts from activities related to its ex	kempt functions - su	bject to certain exception:	s, and (2) r	no more tha	an 33 1/3% of its	
		support from gross investment income	e and unrelated busi	ness taxable income (les	s section 5	511 tax) froi	n businesses	
	_	acquired by the organization after June	30, 1975 See section	on <b>509(a)(2)</b> . (Complete F	art III )			
11	닏	An organization organized and operate	•	•				
12	Ш	An organization organized and operat	•					
		of one or more publicly supported orga					, ,, ,	
		Check the box in lines 12a through 12				•		g
	а	Type I. A supporting organization of	•	• • • • • • • • • • • • • • • • • • • •	•			
		the supported organization(s) the			or the aire	ctors or tru	stees of the	
	b	supporting organization You mus  Type II. A supporting organization	•		supported (	organization	a(s) by baying	
	D	control or management of the sup	•			•		
		organization(s) You must compl			ons wat co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mage the supported	
	С	Type III functionally integrated.			on with, an	d functiona	lly integrated with	
		its supported organization(s) (see		•			.,	
	d	Type III non-functionally integra	•	•			rted organization(s)	
		that is not functionally integrated						
		requirement (see instructions) You	u must complete Pa	art IV, Sections A and D,	and Part	V.		
	е	Check this box if the organization	received a written d	etermination from the IRS	Sthat it is a	Type I, Ty	pe II, Type III	
		functionally integrated, or Type III	non-functionally inte	grated supporting organiz	zation			
	f	Enter the number of supported organic	zations · · · ·					
	g_	Provide the following information abou	t the supported orga	anization(s)				
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the or	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	olher support (see instructions)
					Yes	No		
					163	110		<u></u>
(A)								· · · · · · · · · · · · · · · · · · ·
(B)			,			ļ		
(C)								<u> </u>
(D)								
(E)				<del></del>				
 Tota					100 mg	神聖 香		<u> </u>

26-2536438 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Partill "(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	<u> </u>					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	66,235	39,457	30,779	15,700	47,515	199,686
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
3	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
4	Total. Add lines 1 through 3 · · · · · ·	66,235	39,457	30,779	15,700	47,515	199,686
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) · · · · · ·	A STATE OF THE STA			The Part of the Pa		
6	Public support. Subtract line 5 from line 4 · ·		門相對於四部	開始的學句的		<b>阿拉拉斯</b>	199,686
	tion B. Total Support	1		1 1 2010			(D. T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · ·	66,235	39,457	30,779	15,700	47,515	199,686
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36	44	44	25	26	175
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	新四世紀		<b>通過可以對於</b>		外面的影響	199,861
12	Gross receipts from related activities, etc. (s	ee instructions)				12	<del></del>
13	First five years. If the Form 990 is for the organization, check this box and stop here			fifth tax year as a se	ection 501(c)(3)		▶□
	tion C. Computation of Public S	···					<del></del> _
14	Public support percentage for 2018 (line 6, o						99.91 %
15	Public support percentage from 2017 Sched					15	99.93 %
16a	33 1/3% support test - 2018. If the organiza						▶ ☑
	box and stop here. The organization qualifie						
D	33 1/3% support test - 2017. If the organizathis box and stop here. The organization qua						▶ □
47-	10%-facts-and-circumstances test - 2018.						,
17a	10% or more, and if the organization meets the						
	Part VI how the organization meets the "factorganization	s-and-circumstance	s" test. The organiz	ation qualifies as a	publicly supported		▶ □
, <b>b</b>	10%-facts-and-circumstances test - 2017. 15 is 10% or more, and if the organization me	If the organization die	d not check a box of cumstances" test, o	n line 13, 16a, 16b, c check this box and s	or 17a, and line `top here.		_
	Explain in Part VI how the organization mee					•	_
18	supported organization	ot check a box on line					▶ ∐
	Fire to the second and the organization did in	or criccic a box on line	. ,o, iou, iou, ira,	5. 175, GROOK 1113 D			▶ □

	(Explain in Part VI)	
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check, this box and stop here	
Se	ction C. Computation of Public Support Percentage	
15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	%
Se	ction D. ©omputation of Investment Income Percentage	
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	%
19a	33 //3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
Ь	· · · · · · · · · · · · · · · · · · ·	
<b>4</b> 0	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	- <del> </del>
FFA		Schedule A (Form 990 or 990-EZ) 2018

Part IV **Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

		pporting	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

Yes No
Tes No
1
2
3a
36 -
3c
-4a
4b
4c -
5a
5b 5c
6
7
8
9a
9b
9c
10a
10b Form 990 or 990-EZ) 2018

_	The digamentation to the parent of ducine, to depressed a gamentation of the parent			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e ınstru	ictions	)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	7.		, ;
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		'.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	7	- ,	
	how the organization was responsive to those supported organizations, and how the organization determined	, '		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	-
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		_

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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FRESNO SIGMA CHI ENDOWMENT

Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1. Check here if the organization satisfied the Integral Part Test as a qualifying tr			
instructions. All other Type III non-functionally integrated supporting organiza	ations	must complete Sections A	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year  optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e Discount claimed for blockage or other			<b>运搬商的</b>
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		•
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十</b>	
2 Enter 85% of line 1	2	THE REAL PROPERTY.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	A MENTAL STATE OF THE STATE OF	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally instructions)	ınteg	rated Type III supporting o	rganization (see
Pro.		Sahadula	A /Form 900 or 900 E71 2019

Fa	TYPE III Non-Functionally integrated 509(a)(3	) Supporting Organiz	ations (continued)			
Sec	Current Year					
1	Amounts paid to supported organizations to accomplish exer	npt purposes				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3						
4						
5						
6						
7						
8	Distributions to attentive-supported organizations to which the	e organization is respons	ive			
	(provide details in Part VI) See instructions			_ ,,		
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	· (iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6		DEFATOR AND A			
	Underdistributions, if any, for years prior to 2018		32 TA 0 - 3 - 7 - 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	(reasonable cause required - explain in Part VI) See					
	instructions					
3	Excess distributions carryover, if any, to 2018	<b>注题的图像是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>				
a	From 2013	NAME OF THE PARTY OF THE PARTY.		<b>建筑型型型设计</b>		
b	From 2014:			CONTRACTOR MATCH		
C	From 2015			THE PROPERTY OF THE PARTY OF TH		
	From 2016					
	From 2017					
	Total of lines 3a through e			ELECTRICAL PROPERTY.		
	Applied to underdistributions of prior years	AND THE PERSON NAMED IN				
	Applied to 2018 distributable amount	PERSONAL PROPERTY.				
i	Carryover from 2013 not applied (see instructions)			LESSEE TO CARRY		
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f		<b>斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>	STATE OF STA		
4	Distributions for 2018 from		<b>。</b>			
	Section D, line 7 \$					
а	Applied to underdistributions of prior years			<b>大学的是这种意思的</b>		
b	Applied to 2018 distributable amount			<del></del>		
С	Remainder Subtract lines 4a and 4b from 4		<b>医型型性性性</b>	<b>医神经神经神经神经</b>		
5	Remaining underdistributions for years prior to 2018, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions		•	<b>学习是类似的</b>		
6	Remaining underdistributions for 2018. Subtract lines 3h			,		
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions			_		
7	Excess distributions carryover to 2019. Add lines 3j	(				
	and 4c			が記録が		
8	Breakdown of line 7	<del>他们是这种是</del> 无证据	医小线性溃疡 医神经炎	國際主義學院的可以		
а	Excess from 2014	<b>建成是本族的企業</b>	<b>新疆和北京市</b>	<b>可能可能的表现的</b>		
b	Excess from 2015	<b>研究的基础的基础</b>				
С	Excess from 2016		<b>阿斯特亚特里斯斯特斯</b>	是是理學學習出於		
d	Excess from 2017	<b>公产和电路开展</b>		是		
е	Excess from 2018	<b>建筑是是新疆的</b>	語言權物語語學	灣一个學學學是		

Schedule A (Form 990 or 990-EZ) 2018

## **SCHEDULE 0** (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.

Open to Rublic

Employer identification number

26-2536438

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FRESNO SIGMA CHI ENDOWMENT

► Attach to Form 990 or 990-EZ.

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

01. List of grants and simil	ar amounts paid (Part I, line 10)
Activity	Preservation of Chapter House
Grantee	Sigma Chi Housing Corporation
Street	1246 S Inverness Way
City, State, Zip	Fresno, CA 93727
Relationship	Active Chapter
Amount	8,980
Activity	Fresno State Alumnı Association
Grantee	Fresno State Students
Street	2625 Matolan Way
City, State, Zip	Fresno, CA 93740
Amount	20,000
02. Description of other expe	enses (Part I, line 16)
Description	Amount
Paypal and Bank Charges	461
Board Meeting Expenses	341