

Department of the
Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-1150

**Open to
Public
Inspection**

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

F Group Exemption Number	▶
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2018)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	781	22 2,623
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	781	25 2,623
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	781	27 2,623

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
TO RECRUIT AND MAINTAIN A MEMBERSHIP BASE OF QUALITY MEN DEVOTED TO FRIENDSHIP, JUSTICE AND LEARNING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28
See Additional Data Table

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

28a

29
See Additional Data Table

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

29a

30
See Additional Data Table

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

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) **32** 46,423

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jake Corey	10 00	0		
President				
Julian Vega	10 00	0		
Vice President				
Joshua Utke	10 00	0		
Treasurer				
Hayden Hunsaker	10 00	0		
Secretary				
James McClean	10 00	0		
MEMBER EDUCATOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	17,073
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a		
The organization's books are in care of ▶ <u>Joshua Utke</u> Telephone no ▶ <u>(208) 338-1041</u>		
Located at ▶ <u>447 W MYRTLE ST BOISE, ID</u> ZIP + 4 ▶ <u>83702</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46

Yes

No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47

Yes

No

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes

No

49a

Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes

No

49b

If "Yes," was the related organization a section 527 organization?

49b

Yes

No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶

52

Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A

Yes

No

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

Sign Here

Signature of officer

Joshua Utke, Treasurer

Type or print name and title

2019-08-20

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

SAMUEL T BOYD CPA

P01256258

Firm's name ▶ Shirts Motz & Boyd CPAs

Firm's EIN ▶ 82-0408614

Firm's address ▶ 447 West Myrtle Street

Phone no. (208) 338-1041

Boise, ID 83702

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2018)

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 46-3498856
Name: SIGMA CHI LAMBDA XI CHAPTER INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 Member Education and Enrichment -- Members of the Sigma Chi Fraternity are given the opportunity to take part in numerous leadership programs and experiences These include discussions with University faculty, brotherhood retreats, executive board meetings, and many more Additionally, all members are highly encouraged to apply to our executive board with positions including president, vice-president, secretary, treasurer, recruitment chair, new member educator, and social chair among others The opportunity to lead an organization of 50 men on our campus and in an organization with over 300,000 members internationally is both unique and rewarding Our chapter emphasizes scholarship and leadership opportunities at the international level with annual retreats in Utah and international leadership conferences attended by over 1,500 members (Grants \$ 7,724) If this amount includes foreign grants, check here . . . ► ☐	28a	

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29 New Member Education -- All new members of the organization undergo a comprehensive eight-week education program about the history, mission statement, and values of our international organization and chapter. The purpose of this education program is to develop leadership skills in future members of our organization. (Grants \$ 3,374) If this amount includes foreign grants, check here . . . ☐	29a

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30 Recruitment -- Our chapter hold recruitment bi-annually to extend our reach to the university as a whole We do not discriminate on the basis of race, religion, or personal creed We strive to reach a wide and diverse range of membership on our campus (Grants \$ 2,040) If this amount includes foreign grants, check here . . . ☐	30a

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Philanthropy -- Philanthropy is a key aspect of our chapter's operations. We hold and participate in numerous philanthropic events each year. Our proceeds benefit the Children's Miracle Network Hospitals, The Jon Huntsman Cancer Institute, and other non-profit organizations at the local and national level. (Grants \$ 14,943) If this amount includes foreign grants, check here . . . ☐	

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Community Service -- Our members are encouraged to participate in community service projects throughout the year. These activities range from Habitat for Humanity to serving meals at the local soup kitchen to mentoring young men and women at schools and community centers in the local area. (Grants \$) If this amount includes foreign grants, check here ☐	

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Networking and Alumni Support -- With chapter and international alumni in all 50 states and abroad, Sigma Chi provides our members with a vast support network for mentoring, guidance, and job/internship opportunities. Our chapter holds alumni networking events and programs to connect with members of our international organization who are no longer undergraduates. (Grants \$ 18,342) If this amount includes foreign grants, check here . . . ☐	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SIGMA CHI LAMBDA XI CHAPTER INC

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

46-3498856

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$474

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$13518

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	NETWORKING EVENTS \$18342

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	NATIONAL FRATERNITY DUES \$17073

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	CHARITABLE DONATIONS \$14943

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	LEADERSHIP PROGRAMS \$7724

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	TSHIRTS \$3780

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	NEW MEMBER EDUCATION \$3374

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	OFFICER EXPENSES \$2396

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	NEW MEMBER RECRUITMENT \$2040

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	INTRAMURAL EXPENSE \$1965

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	COMPOSITE EXPENSE \$1400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	UNIVERSITY DUES \$700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	BANK CHARGES \$111