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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THETA CHI FRATERNITY PROVIDES LOWER COST ROOM AND BOARD FOR FULL TIME STUDENTS WHO ARE MEMBERS, WHILE THE STUDENTS ARE ATTENDING OREGON STATE UNIVERSITY THE FEES CHARGED TO THE MEMBER ARE BASED ON THE EXPECTED COSTS OF OPERATING THE HOUSING UNIT AS WELL AS VARIOUS CAMPUS AND SOCIAL ACTIVITIES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> PROVIDING ROOM AND BOARD FOR STUDENTS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	192,239
<b>29</b> None (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	0
<b>30</b> None (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .		<b>32</b>	192,239

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
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	0
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period 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	0
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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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 ▶ HENRY JOHNSON CO ANDERSON GROUP Telephone no ▶ (541) 757-2070 2165 NW Professional Drive Suite 101 Located at ▶ CORVALLIS, OR ZIP + 4 ▶ 97330		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Please Sign Here	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.				
	Signature of officer *****		Date 2010-08-27		
Paid Preparer's Use Only	Preparer's signature Kristen Gose CPA		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ANDERSON GROUP CPAS LLC 2165 NW PROFESSIONAL DRIVE SUITE 10 CORVALLIS, OR 97330				EIN ▶
					Phone no ▶ (541) 757-2070
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:  
Software Version:  
EIN: 93-0295897  
Name: Theta Chi Fraternity

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jeff Griggs 361 NW 26TH STREET CORVALLIS,OR 97330	Prior PRESIDENT, Treasurer 8 00	0	0	0
James Sennett 361 NW 26TH STREET CORVALLIS,OR 97330	Prior TREASURER 6 00	0	0	0
Dinko Plasto 361 NW 26TH STREET CORVALLIS,OR 97330	Prior Vice-President 8 00	0	0	0
Clayton Wilson 361 NW 26TH STREET CORVALLIS,OR 97330	Prior Secretary 6 00	0	0	0
Dan Boileau 361 NW 26TH STREET cORVALLIS,OR 97330	Prior Marshall 6 00	0	0	0
Jack Ashby 361 NW 26TH STREET cORVALLIS,OR 97330	Prior Recruitment Chair 6 00	0	0	0
Kenny Walker 361 NW 26TH STREET CORVALLIS,OR 97330	President 6 00	0	0	0
Sam Royster 361 NW 26TH STREET cORVALLIS,OR 97330	Vice-President 6 00	0	0	0
James Gunther 361 NW 26TH STREET cORVALLIS,OR 97330	Secretary 6 00	0	0	0
Will Robertson 361 NW 26TH STREET cORVALLIS,OR 97330	Marshall 6 00	0	0	0
William Theodore Sermeus 361 NW 26TH STREET cORVALLIS,OR 97330	Recruitment Chair 6 00	0	0	0
Bryant Cheong 361 NW 26TH STREET cORVALLIS,OR 97330	Prior Social Chair 6 00	0	0	0
Conrad Bockhop 361 NW 26TH STREET cORVALLIS,OR 97330	Social Chair 6 00	0	0	0

# TY 2009 Other Assets Schedule

**Name:** Theta Chi Fraternity

**EIN:** 93-0295897

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	38,569	28,472
Other Depreciable Assets	1,891	1,596

**TY 2009 Other Expenses Schedule****Name:** Theta Chi Fraternity**EIN:** 93-0295897

Description	Amount
National Fees	4,651
Social	5,764
Liability Insurance	9,372
Rush Expense	2,763
Initiation Fees	4,000
Composite	1,345
IFC Dues	1,346
Mom's weekend	454
Philanthropy	1,602
IM Sports	833
Bank Charges	197
Licenses and Permits	507
Supplies	2,209
Meetings/Conferences/Retreats	1,520
Fines	96
Pledge Fees	960
Miscellaneous	290
Resale	45
Sing	88
Bad Debt Expense	1,732
Interest Expense	307



TY 2009 Other Liabilities Schedule

**Name:** Theta Chi Fraternity

**EIN:** 93-0295897

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	45,613	18,375

TY 2009 Other Revenues Schedule

**Name:** Theta Chi Fraternity

**EIN:** 93-0295897

Description	Amount
Interest Income	1

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** Theta Chi Fraternity

**EIN:** 93-0295897

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.