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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

2010

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form 990-EZ (2010)

, 2010, and ending AUGUST 31 A For the 2010 calendar year, or tax year beginningSEPTEMBER 01 ,20 11 Employer Identification number C Name of organization 43-0654222 LAMBDA CHI ALPHA FRATERNITY Address change Telephone number Number & street (or P O, box, if mail is not delivered to street addr.) Name change Initial return (314)315-14991705 NORTH PINE STREET Terminated City or town, state or country, and ZIP + 4 Group Exemption Amended return Number ▶ 0501 Rolla MO 65401 Check X if organization is not required X Cash Accrual Other (specify) ▶ G Accounting Method to attach Schedule B (Form 990, 990-EZ, I Website: ► N/A Tax-exempt status (check only one) --501(c)(3) X 501(c)(7) ◀ (insert no) 4947(a)(1) or 527 or 990-PF) K Check | 1 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or If total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 243,355 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 243,355 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a **b** Less cost or other basis and sales expenses ... c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c REVENUE Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a ne from tundraising events (not including \$ of contributions from undraising evertis reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 6b direct expenses from gaming and jundraising events 6c c Less Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of intemporal returns and allowances 7a OHOZHUSKANNED OCT b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 243,355 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 12,500 Salaries, other compensation, and employee benefits 12 2,619 13 Professional fees and other payments to independent contractors 115,127 14 14 Occupancy, rent, utilities, and maintenance 15 119 15 Printing, publications, postage, and shipping 16 16 Other expenses (describe in Schedule O) 17 130,365 17 Total expenses. Add lines 10 through 16 18 112,990 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 ASSETS Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 N E T 19 115,173 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 228,163 Net assets or fund balances at end of year Combine lines 18 through 20

Pai	Check if the organization used Schedule O to respond to any question in this Part V.			Г
	Check if the organization used Schedule O to respond to any question in this rail v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a 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		ļ	ĺ
	(see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			ļ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or		1	ĺ
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? .	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during		1	1
	the year? If "Yes," complete applicable parts of Schedule N	36		X
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		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			į.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 . 39a			
b	Gross receipts, included on line 9, for public use of club facilities . 39b			ŀ
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				
	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			١
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			ĺ
	reimbursed by the organization .			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		v
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ See attachment #2 Telephone no ▶			
	Located at ► ZIP + 4 ►			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?		╁	-
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
·	If "Yes," enter the name of the foreign country		J	1 41
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
40	and enter the amount of tax-exempt interest received or accrued during the tax year			- [
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	F	1.00	
****	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	4 F 000 F7	44b	1	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	 -	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in			† <u></u>
-	Schedule O	44d		X
			F7 (

Form ,990-EZ	(2010) I	JAMBDA	CHI.	ALPHA	FRATERN	IT 43-	06542	22			Pa	age 4
•											Yes	No
•	•			•	ganization with	_				45		X
	_				jage in any tran							
	J	. , . ,)? If "Yes,	" Form 990	and Schedule	R must be co	mpleted in	istead of		455		Х
	90-EZ (see ins	•	ctly or ind	iroctly in r	olitical campaid	, an activities on	hohalf of	or in opposition to	 n candidate	45a		
	lic office? If "Y		-				Derian or	от пторрозмотт	o ounaració	46		Х
Part VI						4947(a)(1)	nonexe	mpt charitabl	e trusts	only. A	l secti	on
	501(c)(3) o	rganizations	and secti	on 4947(a)	(1) nonexempt	charitable trus	ts must ar	iswer questions 4	7-49b and	52, and	compl	ete
		or lines 50 a										
	Check if the	e organizatio	n used S	chedule O	to respond to a	any question in	this Part	VI			Yes	No
A7 Duri the	armonization (angene in le	hbuna aa	tuutoo? If '	'Yes," complete	Schodulo C I	Part II			47	162	X
	-	- -			70(b)(1)(A)(II)?			lule E		48		X
	_				non-charitable					49a		X
	" was the relat									49b		X
50 Comple	ete this table fo	or the organi	zation's fi	ve highest	compensated e	employees (oth	er than of	ficers, directors, t	rustees and	key em	oloyed	es)
who ea	ich received m	ore than \$10	00,000 of	compensa	tion from the or			ne, enter "None"				
٠,,	e and address		ployee		tle and average rs per week	(c) Compe	nsation	(d) Contributio employee benefit		(e) Ex	itand	
	paid more thai	า \$100,000			ed to position			deferred compen	sation	other all	wance	5
NONE												
				-		-						
												
compe	ensation from t	he organizat	on If the	re is none,	enter "None" or paid more the			who each received the service of services		e) Comp		
			<u> </u>									
52 Did the		complete Sc	hedule A	Note: All	receiving over section 501(c)(▶ _ ns and 494	17(a)(1)		▶ ∏ Ye	s X	No
Under penalt	ties of perjury, nd belief, it is	declare that	at I have e	examined t	his return, inclu	ding accompai arer (other thai	nying sche n officer) is	edules and staten s based on all info	nents, and to	o the be which p	st of m	ny er has
	1	/5//	,						120	-08	۷ -	201
Sign	Signal	ure of officer							Date	-07	<u>، </u>	
Here	Ä	٠. ١	ω	San	Le							
	Type o	r print name	,									
		reparer's na		Prepare	r's signature	10/	Date/	Check	ıf	PIN		
Paid	Kristine	McGin	nis	13/	Istur of To	\\-`	\ <i>7 7/1</i>		employed		075	
Preparer	Firm's name						//		EIN ► 4	3-17	869.	50
Use Only	1	ess $\blacktriangleright \frac{108}{540}$		TH/ST				Phon		2.2		
May the IRS	ROLLA I			shown at	ove? See instri	uctions		p/3-	364-218	> X Ye	s	No
					are Only) - 2010 TV					m 990 -	I.	

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAMBDA CHI ALPHA FRATERNITY

Employer Identification number 43-0654222

No additional information required

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury	(IIICIUUIII	ig illiorilla	lion (ווע בוסו	leu r	operty)			Attachment
Internal Revenue Sarvice (99)	➤ See separate li	nstructions.		► Attach	to you	ır tax return.			Sequence No 67
Name(s) shown on return		Busines	s or act	tivity to wh	nch this	form relates			Identifying number
LAMBDA CHI ALPHA	A FRATERNIT	Y FOR :	FORM	990					43-0654222
	xpense Certain I								
Note: If you have	any listed property, co	omplete Part V b	efore yo	ou comple	te Part	 	_		
1 Maximum amount (see inst	•							1	
2 Total cost of section 179 pr	, , ,		•	•	• •	•	•	2	
3 Threshold cost of section 1					ns)	•		3	
4 Reduction in limitation Sub						141		4	
5 Dollar limitation for tax year	Subtract line 4 from	line 1 If zero or I	ess, en	er -o- II	married	i illing separa	iely,	_	E00 000
see instructions		· · ·	 (b) C=) (a) Flag		5	500,000
6 (a) Descri	ption of property		(b) Cos	st (busn u	ise only	(c) Elec	ted cos		
	4					-			
7 Listed property Enter the a	mount from line 20				7				<u>.</u>
7 Listed property Enter the a8 Total elected cost of section		mounte in colum	n (c) lir	noe 6 and		<u> </u>		8	
9 Tentative deduction Enter			ii (O), iii	ics o and	•			9	
10 Carryover of disallowed de			4562					10	
11 Business income limitation		•		s than zer	o) or lir	ne 5 (see instr	uctions)	11	500,000
12 Section 179 expense dedu			-			, o o (ooo ,a	,	12	000,000
13 Carryover of disallowed de					13				·
Note: Do not use Part II or Par									L
	eciation Allowand	' - /			n (Do i	not include lis	ted prop	erty)	(See instructions)
14 Special depreciation allows									
during the tax year (see ins	structions)	, ,	·					14	
15 Property subject to section	168(f)(1) election							15	
16 Other depreciation (includii	ng ACRS)							16	
Part III MACRS Depr	eciation (Do not in	clude listed prop	erty.) (S	See instruc	ctions)				
<u> </u>			Section	n A					
17 MACRS deductions for ass	ets placed in service i	n tax years begir	ning be	efore 2010)			17	515
18 If you are electing to group	any assets placed in	service during th	ie tax ye	ear into on	e or m	ore			
general asset accounts, ch							>		
Section E	3 Assets Placed in	Service During	2010 T	ax Year U	Jsing ti	ne General D	epreclat	ion Sy	stem
(a) Classification of proper	(b) Month and year placed in service	(c) Basis for c (business/investm only see instru	ient use	(d) Reco		(e) Convention	(f) Me	thod	(g) Depreciation deduction
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property				ļ					
g 25-year property				25 yr	s		S/I		
h Residential rental				27 5 y	/rs	MM	S/I		
property				27 5 y	/rs	MM	S/I		
i Nonresidential real				39 yr	S	MM	S/	-	
property				<u> </u>		MM	S/I		
	Assets Placed In S	Service During 2	2010 Ta	x Year Us	ing the	Alternative			System
20a Class life							S/1		
b 12-year				12 yr			S/1		
C 40-year		·		40 yr	ა.	MM	S/I		
Part IV Summary (See							-	24	
21 Listed property Enter amounts from the		h 17 lines 10 se	4 30 12	column (a	n) and	ling 21 Enter	hore	21	
22 Total. Add amounts from li and on the appropriate line	_			_			HEIE	22	515
23 For assets shown above ar	•	•	•	2112 266	5 1115ti U	UIIU113		22	7.7.
enter the portion of the bas	•	J	your,	. 23	,				
					- 1			l	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Nametics shown on return Bullamess or activity to which this form relates Identifying number LAMBIDA CHI ALPHA FRATERNITY FOR FORM 990-E2 LINE 14 43-0654222									Sequence No 67		
Part II Election To Expense Certain Property Under Section 179 Note: If you have any bisted property is total cost of section 179 property placed in service (see instructions) 2 3 3 3 3 3 3 3 3 3	Name(s) shown on return		Busines	ss or act	ivity to which thi	s form relates			Identifying number		
Note: If you have any listed property, complete Part V bolove you complete Part I be Maximum amount (see instructions) 1 Total cost of section 178 property placed in service (see instructions) 3 Threshold cost of section 178 property placed in service (see instructions) 4 Reductions in instration Substract line 3 from line 2 if zero of less, enter -0- 5 Dollar Irmation for tax year Substract line 4 from line 1 if zero or less, enter -0- 6 (a) Description of property (b) Cost (busin uso only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 178 property Add amounts in column (c), lines 6 and 7 9 Tensitave deduction. Enter the smaller of biances in common (not less than zero) or line 5 (see instructions) 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4592 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Carryover of disallowed deduction to 2011. Add lines 3 and 10, less line 12 12 Carryover of disallowed deduction to 2011. Add lines 3 and 10, less line 12 13 Carryover of disallowed deduction to 2011. Add lines 3 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (0s not include listed property) (Seu instructions) 15 Property subject to section 160(III) election 16 If you are election to journal property 17 MACRS deductions for assets placed in sorvice on tax years beginning before 2010 17 Jessel Scription 4 18 If you are election to group any assets placed in sorvice on tax years beginning before 2010 19 Section 8 - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System 19 Section 6 - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 29 Caryear property 20 Section 8 - Assets Placed in Service During 2010 Tax Year Using the Alte	LAMBDA CHI ALPHA F	RATERNIT	Y FOR	FORM	990-EZ	LINE 14			43-0654222		
1 Maximum amount (see instructions) 2 Total cost of section 179 properly beload in service (see instructions) 3 Threshold cost of section 179 properly beload in service (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 il zero or less, enter -0- 5 Collair Instruction for tax year Subtract line 3 from line 1 il zero or less, enter -0- 5 Collair Instruction for tax year Subtract line 3 from line 1 il zero or less, enter -0- 5 Collair Instruction for tax year Subtract line 3 from line 1 il zero or less, enter -0- 6 (a) Description of property (b) Cost (busin use only) (c) Elected cost 5 5 5 00 , 000 7 Listed property. Enter the amount from line 29 8 Total detected cost section 179 property Add amounts in column (c), lines 6 and 7 8 Total steed cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tonisiave deduction. Enter the amalier of line 5 or line 8 10 Carryover of disallowed deduction trom hin 3 of your 2008 Form 4562 11 Susmers promore limitation. Enter the smaller of bamiess income (not less than zero) or line 5 (see instructions) 11 Suspens of color 179 property and 1 suspens and 10 lines line 12 bit 13 Note: Do not use Part li or Part III beloave for lated property (other than listed property) placed in service during the lax year (see instructions) 14 Special Depreciation Allowance for qualified property (other than listed property) placed in service during the lax year (see instructions) 15 Property subject to section 188(f)(1) election 15 Property subject to section 188(f)(1) election 16 Olfer depreciation (included property) (other than listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 Special Depreciation (be not include listed property) (See instructions) 19 a 3-year property 25 year property 25 year year property 26 Several property 27 year year property 28 Section 6 - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System 29 Action 1 of the pass strippo											
2 Total cost of section 17 by property placed in served (see instructions) 3 Thresholds cost of section 17 property before oddoction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0- if married faing separately, see instructions 5 Dollar imitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married faing separately, see instructions 6 (a) Description of property (b) Cost (busin use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 The service decided cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentaine decided cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentaine decided cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentaine decided cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentaine decided cost of section 179 property Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Carryover of disallowed deduction to 2011. Add lines 9 and 10, lies line 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, lies line 12 14 Tentaines (and the part of the part of the section 186 property) (See instructions) 15 Depart of the part			mplete Part V b	efore yo	u complete Part	. l —————————			7-8-8		
3 Threshold cost of section 178 property before reduction in limitation (see instructions) 4 Reduction in Irrination Subtract line 3 from line 2 if zero or less, enter -0- 5 Dollar Irrination Function of tax year Subtract line 4 from line 1 if zero or less, enter -0- 6 (a) Description of property (b) Cost (busin use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 178 property. Add amounts in column (c), lines 6 and 7 9 Tentiative deduction. Enter the similar of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4592 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4592 11 Suscisson range instration. Enter the similar of line 5 or line 8 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Surgivers of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 12 Services of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 13 Carryover of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 14 Seption 179 expense deduction. Add lines 9 and 10, list on 1 enter more than line 11 15 Carryover of disallowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 15 Carryover of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 15 Carryover of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 15 Carryover of desillowed deduction to 2011. Add lines 9 and 10, list on 1 enter more than line 11 15 Seption 179 Part III Special Depreciation (lines 9 and 10, list on 1 enter more than line 10 15 Carryover of desillowed deduction 1 enter more than line 11 15 Special Depreciation (lines 9 and 10, list on 1 enter more than line 1 15 Special Depreciation (lines 9 and 10, list on 1 enter more than line 1 15 Special Depreciation (lines 1 enter more than line 1 ent	1 Maximum amount (see instruction	ns)						1			
4 Reduction in initiation Subtract line 3 from line 2. If zero or less, enter -0 - If married filing separately, see instructions. 6 (a) Description of property (b) Cost (busin use only) (c) Elected cost of section 1. If you have been structed in the section 1. If you have the section 1. If you have you have section 1. If you have you have section 1. If you have y	···		•	•							
S Dollar hmitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married flaing separately, see instructions (a) Description of property (b) Cost (busin use only) (c) Elected cost (a) Description of property Add amounts in column (b), lines 6 and 7 and 1 an	3 Threshold cost of section 179 pr	operty before red	luction in limitati	on (see	instructions)						
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990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	0 EF D 0	Deset III							
Attachment 1: page 1 - 99	U-EZ Page 2,	Part IV	-						
Open to Public Inspection For calendar year 2010 or tax	r norted boginning	9-01-2010, and	ending 08-31-	2011					
Name of Organization	c period beginning o	J 01 2010, and		fication Number					
LAMBDA CHI ALPHA FRATERNI	TY		43-06542						
(A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont to Employee (E) Expense Account									
()	Hrs per Week	not paid, enter 0)	Ben Plans & Def Comp						
Matthew Callaway	President	<u> </u>							
	4.00								
Jefferson City, MO 65101		0	0	0					
Peter Rothermich	Vice								
1705 Pine Street	President								
Rolla, MO 65401	4.00	0	0	0					
Justin Kutay									
1705 Pine Street	4.00								
Rolla, MO 65401		0	0	0					
Andrew Saake	Treasurer								
<u> </u>	4.00			0					
Saint Louis, MO 63129		0	0.	0					
	}								
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990 BOOKS ARE IN CARE OF

Attachment	2 - 990)-EZ Pag	ge 3, Pa	rt V,]	Line 4	2a	
Open to Public •							
Inspection		ear 2010 or ta	x period beginn	ing	09-01	, and ending	08-31-2011
Name of Organization							Employer Identification Number
LAMBDA CHI	ALPHA I	FRATERN	ITY				43-0654222
Part V - Line 42a							
Individual Name				• • • • •	Andre	ew Saake	
or							
Business Name							

Street Address					4804	Ringer Woo	nd Place
Sileet Address	•	•	•		. 4004	Ringer woo	A LIUCE
U.S Address							
Zıp code	63129	(_{City} Saint	Louis		Sta	te MO
or							
Foreign Address							
City							
Province or	State		-				
Country							
Postal code							
Posiai code	,	•				•	
Phone Num	nhar						(314)315-1499
i none ivan			•				(321,313 113)
Fax Numbe	er.						
i un itallibo	•			•			

2010 DETAIL STATEMENTS

LAMBDA CHI ALPHA FRATERNITY 43-0654222 Page 1 STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15) Bank charges..... 119 TOTAL CARRIED TO 990 EZ PG 1 Line 15........... 119 STATEMENT #2 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14) Business Rep Expense..... 16,489 House Cleaning and Improvements..... 2,202 10.774 House Manager..... Housing corp..... 27,000 Mark up expense..... 3,448 Miscellaneous..... 18,175 Seminars..... 299 Officer Retreat..... 153 20 Dog Trainer..... 11,000 Transfer to Central..... 4,553 Misc Supply Food..... Utilites...... 19,901

Telephone.....

TOTAL CARRIED TO 990-EZ PG 1 Line 14.....

598

114,612

990 - 2010 ADDITIONAL DETAIL STATEMENTS

LAMBDA CHI ALPHA FRATERNITY 43-0654222

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562

515

JVA