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Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ 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.

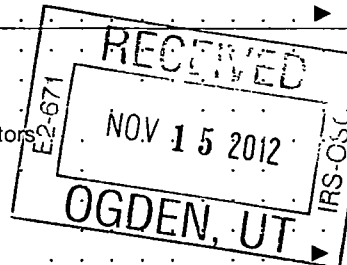
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2011 calendar year, or tax year beginning <u>July 1</u> , 20 <u>11</u> , and ending <u>June 30</u> , 20 <u>12</u>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE</b></td> <td><b>D</b> Employer identification number <b>25-1317759</b></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number <b>724-494-3045</b></td> </tr> <tr> <td colspan="2"><b>305 NORTH MARKET STREET</b></td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> <td></td> </tr> <tr> <td colspan="2"><b>NEW WILMINGTON, PA 16142</b></td> <td></td> </tr> </table>	<b>C</b> Name of organization <b>THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE</b>		<b>D</b> Employer identification number <b>25-1317759</b>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>724-494-3045</b>	<b>305 NORTH MARKET STREET</b>		<b>F</b> Group Exemption Number ▶	City or town, state or country, and ZIP + 4			<b>NEW WILMINGTON, PA 16142</b>		
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<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
<b>I</b> Website: ▶ <b>N/A</b>																
<b>J</b> Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>7</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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.																
<b>L</b> 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. ▶ \$ <b>72,159 67</b>																

**Part I 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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	2,322.65
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	69,837.02
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	72,159 67	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	38,204 89
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	33,225 86
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	71,430 75	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	728.92
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	133,822.74
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	14,720 33
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	149,271 99



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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

Form with questions 33-45b and a table with Yes/No columns. Includes questions about significant activities, amendments, business income, political expenditures, loans, and tax shelter transactions.

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 . . . . .	Yes	No
		46	<input checked="" type="checkbox"/>

**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 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 . . . . .	Yes	No
		47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
49b	b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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
N/A		

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 and 4947(a)(1) nonexempt charitable trusts 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		November 9, 2012
	LEE SCOTT, CHAIRMAN	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE

Employer identification number

25-1317759

**PART I . 16 Other expenses (describe in Schedule O) : Line 16 Expenses Total \$33,225.86**

Chapter Dues and Fees \$27,469.77

Accounting Fees \$4,633.27

Chapter Operations \$1,122.82

**PART I 20 Other changes in net assets or fund balances (explain in Schedule O) : Line 20 Total \$14,720.33**

ZLAC is in the process of making monthly payments on 4 obligations/loans.

At the close of ZLAC's fiscal year on June 30, 2010, the outstanding balance of these obligations was \$69,669.25.

At the close of ZLAC's fiscal year on June 30, 2011, the outstanding balance of these obligations was \$54,948.92.

The change in net assets is due to payments made on these obligations. The final payment is scheduled for July 2016.

**PART II 26 Total liabilities (describe in Schedule O) : (A) Beginning of year \$69,669.25 (B) End of year \$54,948.92**

\*Please see the above response to PART I Line 20

**PART III What is the organization's primary exempt purpose?**

Zeta Lambda Alumni Corporation (ZLAC) is comprised of alumni from the Zeta Lambda Chapter of Theta Chi Fraternity at Westminster College. ZLAC serves the undergraduate chapter of the fraternity by being the landlord and ensuring the upkeep of the Chapter House.

In addition to providing facility maintenance, ZLAC mentors and advises the undergraduate members by connecting them with alumni

who can assist with career development. Lastly, ZLAC helps its alumni reconnect by sponsoring events that foster the feeling of

brotherhood long after the members graduate from the college.

