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SCANNED SEP 2 7 2012

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-1150

2011

Open to Public

A	FOR U	ne Zu i i ca	nendar year, or tax year beginning // 01	, 2011, and ending 6/30		, 2012
B	Check	ıf applıcable	C		D Employ	yer identification number
Ш	Addres	s change	Lambda Chi Alpha Fraternity, Inc.		46-	0224751
	Name o	change	Alpha gamma Zeta		E Telepho	one number
	Initial r	eturn	1517 South Minnesota Avenue		605	-336-1988 Chuck
	Termin	ated	Soux Falls, SD 57105		003	-330-1366 Chuck
	Amend	ed return	,		F Group	Exemption
	Applica	ation pending			Numb	er <u>►</u>
G	Acco	unting Met	thod X Cash Accrual Other (specify)	H Chec	κ► XI ıf	the organization is not
1	Webs	site: ► N	I/A — — —	requi	red to atta	ach Schedule B (Form
J	Tax-ex	xempt status	s (ck only one) — 501(c)(3) X 501(c) (7) ◄(insert	no.) 4947(a)(1) or 527 990,	390-EZ, o	r 990-PF).
_	Chec		the organization is not a section 509(a)(3) supporting	organization or a section 527 organ	ization an	d its gross receipts are
	norm	ally not m	ore than \$50,000. A Form 990-EZ or Form 990 return	is not required though Form 990-N (e-postcare	d) may be required (see
	ınstru	ictions) B	ut if the organization chooses to file a return, be sure	to file a complete return.	•	
L	Add I	ines 5b. 6	c. and 7b, to line 9 to determine gross receipts. If gros	ss receipts are \$200,000 or more, or	ıf total	
	asset	s (Part II,	c, and 7b, to line 9 to determine gross receipts. If gros line 25, column (B) below) are \$500,000 or more, file	Form 990 instead of Form 990-EZ	►	\$ 64,767.
Pa	rt.l	Revenu	ue, Expenses, and Changes in Net Assets o	or Fund Balances (see the ins	truction	s for Part I.)
		Check If	the organization used Schedule O to respond to any o	uestion in this Part I		X
	1	Contribut	ions, gifts, grants, and similar amounts received		_1	
	2	Program	service revenue including government fees and contra	acts	2	64,677.
	3	Members	hip dues and assessments		Гз	3
	4	Investme	nt income			
	5.2	-	nount from sale of assets other than inventory	5a	2 2 3	
	l		st or other basis and sales expenses	5b		(T)
	i		•			
	J	· ·	s) from sale of assets other than inventory (Subtract line 5b from line	e 5a) .	-7	ic
_		•	and fundraising events	1 1	1196	
R E V E	a	Gross inc	come from gaming (attach Schedule G if greater than	\$15,000) 6a		
¥	b	Gross inc	come from fundraising events (not including \$	of contributions	150	
N	1	from fund	draising events reported on line 1) (attach Schedule G	if the sum		45
Ĕ	1	of such g	ross income and contributions exceeds \$15,000)	_6b		<u> </u>
	C	Less dire	ect expenses from gaming and fundraising events	6c		
	۱ ۸	l Nat incom	me or (loss) from gaming and fundraising events (add	lines 6a and	الْمُ الْمُ	
	"	6b and si	ubtract line 6c).			6d
	7 a	Gross sal	les of inventory, less returns and allowances	7 a		## # \$40
	Ь	Less. cos	st of goods sold .	7b	. 5.	
	1		ofit or (loss) from sales of inventory (Subtract line 7b t	——————————————————————————————————————		7 c
	1	-	venue (describe in Schedule O)	See Schedule O	<u> </u>	B 90.
	1			DEC. DEBEGGGE	· ·	64,767.
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Cookedule O		
			nd similar amounts paid (list in Schedule O) .	See Schedule 0	10	
	11	Benefits	paid to or for members	•	11	1
E	12	Salaries,	other compensation, and employee benefits		12	2
P	13	Profession	other compensation, and employee benefits) onal fees and other payments to independent epithacti	ors	1:	3
Ñ	14	Occupan	cy, rent, utilities, and maintenance) 2012		14	26,713.
EXPERSES	15	Printing	publications postage and shipping		19	
S	16	Other evi	penses (describe in Schedule DEN, LT	See Schedule O	10	6 18,924.
	17	Total exp	penses. Add lines 10 through 16		▶ 17	
	18		r (deficit) for the year (Subtract line 17 from line 9)		18	
	1				15.5	
N S	19	Net asse	ts or fund balances at beginning of year (from line 27,	column (A)) (must agree with end-	of-year	
N S E S T E			ported on prior year's return)	· · · · · ·		
5	si		anges in net assets or fund balances (explain in Sche		20	
_	21		ts or fund balances at end of year. Combine lines 18 t		▶ 2	
BA	A Fo	r Paperwo	ork Reduction Act Notice, see the separate instruction	15.		Form 990-EZ (2011)

Consts S If this amount includes foreign grants, check here	Forn	990-EZ (2011) Lambda Chi Alpha	a Fraternity, Inc.		46	-022	24751 Page 2
(A) Beginning of year (B) End of year (B)	Rai	Balance Sheets. (see the inst	tructions for Part II.)	action in thic Part II			স্থি
22		Officer if the organization used office	dule o to respond to any que	estion in this rait in	(A) Beginning of ve	ar	
24 Other assets (describe in Schedule O) See Schedule O 438	22	Cash, savings, and investments		1			
25 Total labelities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (3) must agree with line 21) 0, 26 12, 189 0, 267 27 12, 189 12, 189 12, 189 12, 189 12, 189 12, 189 13, 265 12, 189 14, 265 12, 189 14, 265 12, 265 12, 265 12, 265 12, 265 12, 265 12, 265 12, 265 12, 265 12, 265 12, 265 27 21, 27	23		•	r		23	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Active assets or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III. Required for section (A) Describe the organization's program service accomplishments for each of its three targest program services. As program service accomplishments for each of its three targest program services. As program service accomplishments for each of its three targest program services. As program service accomplishments for each of its three targest program services. As program services accomplishments for each of its three targest program services. As program title. 28 (Grants \$) If this amount includes foreign grants, check here	24	Other assets (describe in Schedule O)	See Schedule	e a T	438	. 24	
27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 9, 267. 27 12, 189. Partill Statement of Program Service Accomplishments (see the instrs for Part III.)	25	Total assets		Γ	9,267	. 25	12,189.
Statement of Program Service Accomplishments (see the instris for Part III.)	26	Total liabilities (describe in Schedule O)		Ī	0	. 26	
Check if the organization used Schedule O to respond to any question in this Part III Will (Required for section what is the organizations 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 28 Grants \$) If this amount includes foreign grants, check here	27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	9,267	. 27	12,189.
What is the organization's primary exemt purpose? See Schedule 0 Describe the organization's program services 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 28 (Grants \$) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 30a (Grants \$) If this amount includes foreign grants, check here 31a 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) (Part IV-3 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 address 0 10 10 10 10 10 10 1	Pai						
Grants \$) If this amount includes foreign grants, check here 29 Grants \$) If this amount includes foreign grants, check here 30a 30a 30 30 30 30 30 30 30 30 30 30 30 30 30						(Reg	uired for section
Grants \$) If this amount includes foreign grants, check here 29a Grants \$) If this amount includes foreign grants, check here 29a 30 Grants \$) If this amount includes foreign grants, check here 30a Tother program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here 31a 31 Other program service expenses (add lines 28a through 31a) 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 address (a) If Title and average heroid to position (b) Title and average heroid to position (c) Personal	What Desc mea	is the organization's primary exempt purpose? See cribe the organization's program service as sured by expenses. In a clear and concise	complishments for each of its manner, describe the service	ts three largest progress provided, the nur	am services, as ober of persons	orgai 4947	nizations and section (a)(1) trusts; optional
Grants \$) If this amount includes foreign grants, check here 29a		ented, and other relevant information for e	ach program title				
Grants \$) If this amount includes foreign grants, check here 29a							
Grants \$) If this amount includes foreign grants, check here 29a							
Grants \$ If this amount includes foreign grants, check here 29a		(Grants \$) If the	s amount includes foreign gr	ants, check here	>	28 a	
Grants \$ If this amount includes foreign grants, check here 30a	29						
Grants \$ If this amount includes foreign grants, check here 30a							
Grants \$ If this amount includes foreign grants, check here 30a							
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 5 31a 32 Total program service expenses (add lines 28a through 31a) 5 32 [Part: IV: Flist 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 address (b) Title and everage devoted to position (c) Reportable compensation (d) Health benefits, contributions to employee benefit plains, and deferred compensation (fir not paid, enter-d-) Tyler Tordsen President 327 N. Pine Street 0 0 0. 0. 0. 0. Vermillion, SD 57069 David Estes Vice President 327 N. Pine Street 0 0 0. 0. 0. 0. Vermillion, SD 57069 Dylan Geuther Secretary 327 N. Pine Street 0 0 0. 0. 0. 0. Vermillion, SD 57069 Jordan Smith Vice President 327 N. Pine Street 0 0 0. 0. 0. 0. Steven Campbell Treasurer 327 N. Pine Street 0 0 0. 0. 0. 0. Vermillion, SD 57069 Steven Campbell Treasurer 327 N. Pine Street 0 0 0. 0. 0. 0.		(Grants \$) If the	s amount includes foreign gr	ants, check here		29 a	
31 Other program services (describe in Schedule O) (Grants \$) if this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) 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 Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and address (b) Title and average house week devoted to position (c) Reportable compensation (Comm w.21099-MSC) (if not paid, enter -0-) (if n	30					}	
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Tyler Tordsen 327 N. Pine Street Vice President 327 N. Pine Street Vermillion, SD 57069 Dylan Geuther Servet Vermillion, SD 57069 Dylan Geuther 327 N. Pine Street Vice President 327 N. Pine Street Vermillion, SD 57069 Dylan Geuther 327 N. Pine Street Vice President 327 N. Pine Street Vermillion, SD 57069 Steven Campbell Treasurer 327 N. Pine Street O	31	·	•]	
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(a) Name and address (b) Title and average hours per week devoted to position (c) Reportable compensation (Form W-2/1099-MISC) (fill not paid, enter 4-) Tyler Tordsen 327 N. Pine Street 0 0 0. 0. 0. Vermillion, SD 57069 David Estes 27 N. Pine Street 0 0 0. 0. 0. Vermillion, SD 57069 Dylan Geuther 327 N. Pine Street 0 0 0. 0. 0. Vermillion, SD 57069 Dylan Geuther 327 N. Pine Street 0 0 0. 0. 0. Vermillion, SD 57069 Jordan Smith 327 N Pine Street 0 0 0. 0. 0. Vermillion, SD 57069 Steven Campbell Treasurer 327 N. Pine Street 0 0. 0. 0.	Pai					(see th	ne instructions for Part IV.)
Tyler Tordsen		Check if the organization used Sc				<u> </u>	
Tyler_Tordsen		(a) Name and address	hours per week	(Form W-2/1099-MISC)	contributions to em		(e) Estimated amount of other compensation
Tyler Tordsen President 327 N. Pine Street 0 0. 0. 0. Vermillion, SD 57069 Vice President 0 0. 0. 0. Dylan Geuther Secretary 0 0. 0. 0. Vermillion, SD 57069 Vice President 0 0. 0. 0. Jordan Smith Vice President 0 0. 0. 0. Vermillion, SD 57069 Treasurer 0 0. 0. 0. Steven Campbell Treasurer 0 0. 0. 0. 327 N. Fine Street 0 0. 0. 0.		(4)	devoted to position	(If not paid, enter -0-)	l penent hians, a	ndí	
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Vermillion, SD 57069 Vice President Jordan Smith Vice President 327 N Pine Street 0 0. 0. 0. Vermillion, SD 57069 Treasurer 327 N. Pine Street 0 0. 0. 0.			Secretary		, }	۸	
Jordan Smith			U)	' ·	0.	١.
327 N Pine Street			Vice President				
Vermillion, SD 57069TreasurerSteven CampbellTreasurer327 N. Pine Street00.0.			Vice Flesidenc		,	Λ	_
Steven Campbell Treasurer 0 0. 0. 0.			0	,	··	٥.	J
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	BA		TEEA0812L (02/14/12	· 		Form 990-EZ (2011)

	the instructions for Part V.) Check if the organization used Schedule O to respond to any	auestion in this Part V			11
2 2	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide			Yes	No
	each activity in Schedule Q Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the		33		X
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) .	•	34		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an extension of the second	· ·	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	l	35 c		<u>X</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a 0.	27.5	الأستادة	X
	Did the organization file Form 1120-POL for this year? Did the organization betrow from or make any lease to any officer director trustee or key.	omplovoo ar woro	37b	ΥΥ. ₁ 21.	<u>^</u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered If 'Yes,' complete Schedule L, Part II and enter the total	oy this return?	38 a	- کی ع ^{ور}	X
	amount involved	38b N/A			
39	Section 501(c)(7) organizations. Enter:	<u> </u>	1 1 1 1 1 1		
а	Initiation fees and capital contributions included on line 9	39a 0.	1.53	4	133
b	Gross receipts, included on line 9, for public use of club facilities	39b 0.			e Emilia
10 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	year under:		18.5	
	section 4911 ► N/A, section 4912 ► N/A; section 4955	N/A	12.	. 3.7	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	58 excess benefit nat has not been reported	40 b	1.14.14.	
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		147	學的	1.50
		<u>0.</u>	ار المراجعة المراجعة المراجعة المراجعة الم		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	· • 0.	ه در اور در اور در اور در	7.30	
е	All organizations At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40e	المشتك	X
	List the states with which a copy of this return is filed None	•	100		<u></u>
42 a	The organization's	- COF 20			
	books are in care of Nelson & Nelson, CPA's, L.L.P. Located at 1517 South Minnesota Ave Sioux Falls, SD	Telephone no. ► 605-33 ZIP + 4 ► 57105			
	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country	or other authority over a nancial account)? .	42 b	Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the Ulf 'Yes,' enter the name of the foreign country:		42c	Version	X
44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Claude enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ	► 43	44a	Yes	N/A N/A No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ.	90 must be completed	44b	. <u>3. E</u>	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 Schedule O				
45 a	Did the organization have a controlled entity of the organization within the meaning of section	n 512(b)(13)?	44 d 45 a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		S-32.34	统约	<u>ت</u> تنف
_	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812L 02/14/12		45 b		X 2011)

46-0224751

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Form 990-EZ (2011) Lambda Chi Alpha Fraternity, Inc.

Form 990-E	EZ (2011) Lambda Chi Alpha Fr	aternity, Inc.			46-02	24751	<u>Pa</u>	ige 4
-					<u> </u>		Yes	No
46 Did th	ne organization engage, directly or indire	ctly in political campai	an activities	on behalf of	or in apposition to	18 .20	1 3/15 2 1	3.
candi	dates for public office? If 'Yes,' complete	e Schedule C. Part I	gir activities	on benan or	or in opposition to	46	T	X
Part VI	Section 501(c)(3) organizations		(a)(1) non	exempt ch	aritable trusts o	ilv. All se	ction	_
1 41 () (501(c)(3) organizations and sec	tion 4947(a)(1) no	nevemnt o	haritable t	rusts must answe	er question	15	
	47-49b and 52, and complete the	ne tables for lines	50 and 51	mai itabic t	idata muat anawi	or question	13	
	47 436 and 32, and complete ti	ic tables for littles :	oo and on.					
	Check if the organization used Schedul	le O to respond to any	question in t	this Part VI				$\perp \perp$
							Yes	No
47 Did th	ne organization engage in lobbying activi	ties or have a section 5	01(h) electio	on in effect d	uring the tax year? If	'Yes.'		
comp	lete Schedule C, Part II				g ,	47		
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes.' con	nolete Sched	ule E	48		
	ne organization make any transfers to an			-		. 49a		
		· · · · · · · · · · · · · · · · · · ·	related orga	anization:			 	
	s,' was the related organization a section	~			•	49b		
50 Comp	plete this table for the organization's five	highest compensated of	employees (other than of	ficers, directors, trust	ees and key	•	
emple	oyees) who each received more than \$10	0,000 of compensation	from the or	ganization. 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 (Forms W-2)	compensation /1099-MISC)	(a) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
					deletted compensation	 		
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- T. I.		100,000				1		
	number of other employees paid over \$7							
51 Comp	plete this table for the organization's five	highest compensated i	ndependent	contractors v	who each received m	ore than \$10	00,000	of
comp	ensation from the organization. If there i	s none, enter 'None '						
(a) N	lame and address of each independent contractor paid	more than \$100,000		(b) Type of	service	(c) Com	pensation	
			 			 		
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a Total	number of other independent contractors	c cach recovered ever 9	100 000		-			
	•	<u> </u>			·			
52 Did th	he organization complete Schedule A? N	ote: All section 501(c)(3) organizat	ions and 494	7(a)(1) nonexempt	► □v-		٦
	table trusts must attach a completed Sch					► Yes	<u> </u>	No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	, including accompanying sche er) is based on all information o	dules and statem of which prepare	nents, and to the i r has any knowled	best of my knowledge and b ige	elief, it is		
					19/L	112		
C:	Signature of officer	10-			Date			
Sign	・ <i>/ / / /</i>	7	0.					
Here	141ER	TORDSEN	[KESI]	DENT				
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	2/	Date		PTIN		
Daid	Charles A. Nelson	111111111111111111111111111111111111111		8.29.		P0050649	0	
Paid		, CPAs, L.L.P.	<i>y</i>		3en-employed	- 0000043		
Preparer	Firm's name Nelson & Nelson					46 005		
Use Only	Firm's address ► 1517 S. Minneso	TA AVENUE			Firm's EIN	46-0376	5568	
	Sioux Falls, SD					05) 336-	1988	
May the IR		57105-1717	uctions				1988 s 1	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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 Lambda Chi Alpha Fraternity, Inc. Alpha gamma Zeta	Employer identification number 46-0224751
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Bringing about the association of college students of goo	d moral character, to
foster a high moral and spiritual standard of life based	on Christian ideals; to
promote honorable friendship; to cultivate intellectual e	excellence; to secure for
members the greatest advantages in college life; to estab	lish brotherly love,
mutual_aid, close personal connection between alumni, und	lergraduates and colleges;
and, to bind them together for mutual pleasure and intere	est in college, as well as
after_life_by_testing_each_with_courage, self-control, ob	pedience, democracy, and
courtesy toward_all_with_whom_they_may_come_in_contact	
	~

2011	Schedule O - Supplemental Information Lambda Chi Alpha Fraternity, Inc.	Page 2
Client LCA	Alpha gamma Zeta	46-0224751
3/28/12		10 51 AM
Form 990-EZ, Part I, Line Other Revenue	8	
Housing Corp. Soda Pop Commission	s	68. 22. 90.
Form 990-EZ, Part I, Line Grants and Similar Amo	e 10 unts Paid In Excess of \$5,000	
Payments to Affilia	tes	
Name: Amount:	Intra Fraternity Council \$	10,927.
Name: Amount:	Lambda Chi Alpha International \$	5,281.
Form 990-EZ, Part I, Line Other Expenses Alumni Newsletter (Composite Delta (Rush) Food Office Expenses Refunds Supplies T Shirts	RHO) \$ Total \$	1,665. 978. 58. 13,380. 48. 1,295. 448. 1,052. 18,924.
Form 990-EZ, Part II, Lir Other Assets Accounts Receivable		Ending 438. 438.

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