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Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

X Yes No

Form 990 (2012)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning SEPTEMBER 01 31 2012, and ending AUGUST 2012 LAMBDA CHI ALPHA FRATERNITY C Name of organization D Employer identification number Doing Business As 43-0654222 Address change Number and street (or P O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 705 NORTH PINE STREET (314)315 - 1499initial return City, town or post office, state, and ZIP code Terminated G Gross 290,754 Rolla MO 65401 Amended return receipts \$ Application pending Name and address of principal officer Yes No H(a) Is this a group return for affiliates? H(b) Are all affiliates included? 501(c)(3) X 501(c)(Tax-exempt status 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ► N/A 0501 H(c) Group exemption number K Form of organization Corporation MO M State of legal domicile MO Trust Association L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGANIZATION ACTIVITIES GOVERNANCE Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 & Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** REVENUE 325,198 Contributions and grants (Part VIII, line 1h) 290,754 Program service revenue (Part VIII, line 2g) 115 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 290,754 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) 14 8,525 9,761 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses Part IX Column (D) VINDS 122,931 114,127 Other expenses (Part IX, column (A), lines 11a 17 123,888 131,456 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Revenue less expenses Subject line 18 from line 124 193,857 166,866 19 **End of Year** P A Beginning of Current Year 587,428 20 Total assets (Part X, line 16) . 422,020 よりなり SymOzを 21 Total liabilities (Part X, line 26)-587,428 422,020 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 typen officer) is based on all information of which preparer has any knowledge Sian Signature of officer Here Type or print name and title Print/Type preparer's name PTIN s signatur Check | ıf Paid · Krist<u>ine Kurtti</u> self-employed P00160755 Preparer Firm's name ► H AND R BLO Firm's EIN ▶ 431786950 Use Only Firm's address ▶ 108 W 8TH ST Phone no ROLLA MO 65401 5733642182

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2012) LAMBDA CHI ALPHA FRATERNIT 43-0654222	Page 2
<u>Par</u>	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission	
	FRATERNAL ORGANIZATION	
	<u></u>	
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services? Yes	X No
	If "Yes," describe these changes on Schedule O.	E3 .10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	See attachment #1	
		_
4D	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	•	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Ū		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	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	_3_		<u>X</u>
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	1		
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N./.A.	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١,,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9	1	X
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		\cap
10	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,			
•	or X as applicable	ļ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	,	1	
	D, Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	144		v
	the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
L	Schedule D, Parts XI and XII	120	<u> </u>	-^-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			T -
_	business, investment, and program service activities outside the United States, or aggregate foreign investments			
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	-		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			١
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			.,
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20-	If "Yes," complete Schedule G, Part III	202	\vdash	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H · · · · · · · · · · · · · · · · · ·	20a		1~

<u>, wi</u>		Γ –	Yes	NI
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		res	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			<u> </u>
	column (A), line 2? If "Yes," complete Schedule I, Parts I and IIII	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
´ b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,		1	
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"	ļ		
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		^
31		31		Х
22	Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	$\frac{\Lambda}{\Lambda}$
32	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	
55	sections 301 7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		Х
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Form 9	990 (2012) LAMBDA CHI ALPHA FRATERNIT 43-0654222		Pí	age
Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	- · ·	Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2d included in line to Enter -0- if not applicable [10]		'	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			.,
	gaming (gambling) winnings to prize winners?	_1c_	 	_X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1	'	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	_2b		├
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	—	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	↓	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots N$./A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	İ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X
а	Note. See the instructions for additional information the organization must report on Schedule O	, Ja		┼^
_				
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	10-	 	+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		L

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other . . Χ officer, director, trustee, or key employee? . . Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders?. . . 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots N/A$ 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give N/A12b rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO. Executive Director, or top management official. 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #2

• /		
Form 990 (2012)	T.AMR.DA	1

CHI ALPHA FRATERNIT

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

heck this box if neither the (A) Name and Title	(B) Average hours per week	(de bo off	Pos not check x, unless po cer and a c	C) sition more the erson is erector/	ian one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organiza- tions below)	TRUSTEE OR TRUSTEE OR	T C E E	KEY KEY EMPLOYEE	Ⅲ№	FOR MER	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations

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Part	VII Section A. Officers	, Director	s, Truste	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (contin	ued)			
	(A)	(B)			(C	ition			(D)	(E)			(F)	
	Name and title	Average		(do not	check	more th	han one both an		Reportable	Reportable			mated	
		hours per week	I T D		and a d		H C E	F	compensation from	compensation from related			ount o ther	Ţ
		(list any	NRI	N R S U T S	O F F	ЕМ	IOM	Ö	the	organizations	,		ensatı	on
		hours for related	ISE	I +	C E R	O	H P L E E O S N Y	M E	organization	(W-2/1099-MISC	- 1		m the	
		organiza-		ŢĖ	R	O Y E	ITSE	R	(W-2/1099-MISC)				nizatio	
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				ŀ										
1b	Sub-total		<i></i>					. ▶			-			
C	Total from continuation sh	eets to Pa	rt VII, S	ection	n A			•			İ			
d	Total (add lines 1b and 1c)							•						
2	Total number of individuals (including l	out not li	mited	to tho	se liste	ed above) who	received more than	\$100,000 of report	able c	omp	ensatio	on
	from the organization ▶	-												
3	Did the organization list any	former of	icer dire	ector (ar trus	too ka	v emnlo	vee o	r highest compensat	ed employee	Г		Yes	No
3	on line 1a? If "Yes," complet											3		Х
4	For any individual listed on li													
	organization and related org	anızatıons	greater 1	han \$	150,00	00° If "	Yes," co	mplete	e Schedule J for suc	n individual	Ĺ	4		X
5	Did any person listed on line													
	services rendered to the org		If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson		<u>. </u>	5		X
	Complete this table for your		+ compo	nanta	d indo	nondo	nt oontro	otom.	that recovered more ti	non \$100,000 of				
1	Complete this table for your compensation from the orga										s tay v	/ear		
	compendation nom the orga	(A)	opon oo	mpon.	344011	101 1110	outerrat	Julia	(B)	True organization	<i>,</i> (ax <i>)</i>	(C	;)	
	Name and		address						Description of se	ervices	Co		, nsatio	n
									 					
									.					
2	Total number of independen	t contracto	rs (ınclu	dına b	ut not	limited	d to thos	e liste	d above) who receive	ed more than				
	\$100,000 of compensation fr			_					, - · · - · · · · · · · · · · · · · · ·					

290,754

Total revenue. See instructions

Part IX	Statement of	Functional	Expenses
---------	--------------	-------------------	-----------------

section	1501(c)(3) and 501(c)(4) organizations must complete all colu		izations must comple	ete column (A)	
	Check if Schedule O contains a response to any question				(B)
	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	İ			
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,38	1 8,38	1	
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,38	0 1,38	0	
11	Fees for services (non-employees)		·		
а	Management				
b	Legal		 		
c	Accounting	1,56	2 1,56	2	·
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			-	
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				· · · · · ·
g	(A) amount, list line 11g expenses on Schedule O)	49,69	4 49,69	4	
10	Γ				
12	Advertising and promotion	11,28	3 11,28	3	
13	Office expenses				_
14	Information technology				
15	Royalties	51,00	4 51,00	4	
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates	58	4 58	1	
22	Depreciation, depletion, and amortization		4 J(
23	Insurance				
24	Other expenses Itemize expenses not covered above.				
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O)		· · ·		
а					
b					
C					
d		_	-		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	123,88	8 123,88	8	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation				
	Check here ▶ ☐ rf following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

43-0654222 LAMBDA CHI ALPHA FRATERNIT Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 419,978 585,970 1 Cash -- non-interest-bearing 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L ... Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary ASSETS organizations (see instructions). Complete Part II of Schedule L. 7 8 9 Prepaid expenses and deferred charges . . 10 a Land, buildings, and equipment cost or other 25,939 basis Complete Part VI of Schedule D 10a 2,042 1,458 11 11 Investments -- publicly traded securities 12 Investments -- other securities See Part IV, line 11 . . . 12 13 Investments -- program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 422,020 587,428 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 19 20 20 Tax-exempt bond liabilities . . . A B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 LIT 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ... 22 23 23 Secured mortgages and notes payable to unrelated third parties ... Ε 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. F N E T 27 27 Unrestricted net assets N 28 Temporarily restricted net assets 28 D 29 ASSETS В Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻 and ALA

587,428

587,428

587,428

30

31

32

33

34

422,020

422,020

422,020

O R

JVA

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complete lines 30 through 34.

30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

34 Total liabilities and net assets/fund balances

Form	990 (2012)		Pag	e 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			,754
2	Total expenses (must equal Part IX, column (A), line 25)		123	,888
3	Revenue less expenses Subtract line 2 from line 1		166	,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		422	,020
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses		·	
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))		587	,428
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			П
_	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash 📗 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	2c	ļ	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in		ļ	
٥-	Schedule O			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	_		,,
	the Single Audit Act and OMB Circular A-133?	3a		X
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	000	0040;
JVA	12 99012 TWF 990 Copyright Forms (Software Only) - 2012 TW	rorm	330	(2012)

SCHEDULE O

(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

2012

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

990 BOOKS ARE IN CARE OF

Attachment	2:_	Form 9	90 Pac	ge <u>6,</u>	Part '	VI, Sec	tion C,	Line	20	
Open to Public										
Inspection	For cal	endar year	2012 or tax	period begi	nning	09-01	, and	ending	08-31-2012	
Name of Organizatio	n								Employer Identification Number	
LAMBDA CHI	ALP	HA FRA	TERNI	ΓY					43-0654222	
Part VI - Line 20										
Individual Name or		••		•		. <u>And</u>	rew Saal	ke _		
Business Name										
Street Address						<u>480</u>	4 Ringe	r Woo	d Place	
Name of Organization LAMBDA CHI AL Part VI - Line 20 Individual Name or Business Name Street Address										
U S Address										
	<u>6312</u>	.9	_ Cı	y <u>Sain</u>	t Lou	is		Stat	e <u>MO</u>	
or Foreign Address										
City			• •••••							
Province or	State .			_						
Country .		•••							<u>.</u>	
Postal code		• •						•		
Phone Num	ber .								(314)315-1499	
Fax Number	r									

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates								Identifying number	_		
LP	<u>AMBDA CHI ALPHA F</u>									43-0654222	_
Pa	Election To Expe					art I					
1	Maximum amount (see instruction	ons)							1		_
2	Total cost of section 179 propert	y placed in servic	e (see instructions)						2		
3	Threshold cost of section 179 pr	operty before red	luction in limitation ((see ır	nstructions)				3		
									4		
		Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0									
	see instructions · · · · · · · · · · · · · · · · · · ·								5	50000	0
6	(a) Description	of property	(b) Cost	t (busn use o	only)	(c) Elec	ted cost		· · · · · · · · · · · · · · · · · · ·	_
<u> </u>	(4, 2555		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,		,,	(0) =:00			1	
	.									-	
7	Listed property Enter the amount	at from less 00				7					
				-> 1	ـ ۰۰ ۰۰ ∟				8	†	
	Total elected cost of section 179 Tentative deduction Enter the s		•					• •			_
						•		•	9	 	_
	•	Carryover of disallowed deduction from line 13 of your 2011 Form 4562								E0000	_
	Business income limitation. Ente								11	50000	_
	Section 179 expense deduction.								12		_
	Carryover of disallowed deduction		•			13					_
_	te: Do not use Part II or Part III be									 .	_
_	art II Special Deprecia				-			ed prop	erty)((See instructions)	_
14	Special depreciation allowance t	for qualified prope	erty (other than liste	d pro	perty) placed	l ın ser	vice				
	during the tax year (see instruction	ons) .	•						14		_
15	Property subject to section 168(f	f)(1) election			-			٠	15		_
16	Other depreciation (including AC	CRS) .							16		_
Pá	art III MACRS Deprecia	ation (Do not inc	clude listed property	y) (Se	e instructions	s)					
			Se	ection	A						_
17	MACRS deductions for assets placed in service in tax years beginning before 2012							17	58	4	
18	If you are electing to group any assets placed in service during the tax year into one or more										
	general asset accounts, check h	ere · · · · ·									
	Section B /	Assets Placed in	Service During 20	012 Ta	ax Year Usin	g the	General De	epreciat	ion S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/investmen only see instructi	tuse	(d) Recover	* I _	(e)	(f) Met	hod	(g) Depreciation deduction	
19a	3-year property						<u>-</u>				
t											_
-]						· · · · · · · · · · · · · · · · · · ·	•		
	10-year property										_
	15-year property	1		T		\neg					_
											_
	25-year property	1			25 yrs			S/l			_
	Residential rental				27 5 yrs		MM	S/l			_
property					27 5 yrs		MM S/L				-
-	Nonresidential real				39 yrs	_	MM	S/l			-
	property	<u> </u>			33 yis		MM	S/l			-
	- ' i	seate Blacad in S	Sancias During 201	12 Tay	Voor Heina	the A				System	-
20.	Section C Assets Placed in Service During 2012 Tax Year Using the Alternative Deprec									Jystein	-
	Class life					S/L		 	-		
b 12-year					12 yrs S/			-	-		
	40-year	ruetie es \			40 yrs		ММ	S/I		<u>. </u>	-
-	art IV Summary (See Instr				····				21		-
	Listed property Enter amount from			· · · ·		d bee	01 Enter 5	oro	21		_
22	Total. Add amounts from line 12							51 6		E 0	٨
00	and on the appropriate lines of y				ns see inst	truction	15 ··	•••	22	58	4
23	For assets shown above and pla		•	ar,	_						
	enter the portion of the basis atti	ributable to sectio	n 263A costs		23						