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# SCANNED APR 2

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning January 1 2013, and ending 20 13 C Name of organization The Chi Fraternity Gamma Phi Chapter D Employer identification number Check if applicable Address change Doing Business As 470379366 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 800 N 50th Street 4024662721 City or town, state or province, country, and ZIP or foreign postal code П Terminated Amended return Lincoln, NE 68504 G Gross receipts \$ Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No 2800 N 50th Street Lincoln, NE 68504 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ thetachilincoln org H(c) Group exemption number ▶ Form of organization Corporation Trust M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. The active and alumni members of Theta Chi Fraternity Gamma Phi Chapter provide housing for active members and are involved with philanthropic and community Activities & Governance activities at Nebraska Wesleyan University 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 0 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 7 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 142489 110630 8 Contributions and grants (Part VIII, line 1h) . 0 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 110630 142489 12 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . n 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 5000 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 109384 17 143577 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 148577 109384 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 1246 Beginning of Current Year End of Year 11738 12984 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 11738 12984 Net assets or fund balances. Subtract-line 21 from line 20 APK I 3 LUIN 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 than officer) is based on all information of which preparer has any knowledge. 104114 Sign Signature of officer Here TRAVIS AVILA TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check [ Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Phone no Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No Form 990 (2013)

Cat. No. 11282Y

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Page 2
Briefly describe the organization's mission' The active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active members in the active members and alumni provide active members at the active members and alumni provide accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloce the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 109384 including grants of \$ ) (Revenue \$ The purpose of Theta Chi Fraternity Gamma Phi Chapter is to provide a place where students can join together for st provide rooms while attending college.	
The active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active memi involved with philanthropic and community activities at Nebraska Wesleyan University  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?  If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloce the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 109384 including grants of \$ ) (Revenue \$ The purpose of Theta Chi Fraternity Gamma Phi Chapter is to provide a place where students can join together for st provide rooms while attending college.	<u> L</u>
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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?	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
<ul> <li>Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the total expenses, and revenue, if any, for each program service reported.</li> <li>(Code ) (Expenses \$ 109384 including grants of \$ ) (Revenue \$ The purpose of Theta Chi Fraternity Gamma Phi Chapter is to provide a place where students can join together for st provide rooms while attending college.</li> </ul>	☐ Yes ☑ No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ 109384 including grants of \$ ) (Revenue \$ The purpose of Theta Chi Fraternity Gamma Phi Chapter is to provide a place where students can join together for st provide rooms while attending college.	
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4b (Code ) (Expenses \$ Including grants of \$ ) (Revenue \$	110630 ) tudy and
	)
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
Ad Other average annies (Decembe is Cabadula O.)	
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses ► 109384	

Part	Checklist of Required Schedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		~
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		v
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, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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	•	,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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		,
С	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		,
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		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	<b>3</b>	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
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		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~

	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		>
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 25a	24a		~
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		V
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		~
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):			-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
C	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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		v
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	v	

Form 99	0 (2013)		F	Page (
Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u> </u>
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		5	
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<i>v</i>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		1
<b>L</b>	If "Yes," enter the name of the foreign country:	4a		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ď
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del>-50</del>		Ť
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del></del>		
	gifts were not tax deductible?	6b		
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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.	Co		1
a	Did the organization make any taxable distributions under section 4966?	9a		$\vdash$
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		lt.	
υ	ALDOS TEGEDIS. INCIDICA DE POLETI 330. PAIL VIII. INTO 12. TOT DUDITO USE DI CIUD (ACIILIES 🔒 📗 IVD 📗			

11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	11a	3	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ੂ ਬ੍ਰ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
b		e O.	ļ	
	the organization is licensed to issue qualified health plans	13b	i ii	
С	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management	<u> </u>	<del></del>		. <u>C</u>
0000	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9	5		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b (	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business				
_	any other officer, director, trustee, or key employee?		2	<u> </u>	~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other				
	• • • • • • • • • • • • • • • • • • • •	•	3	$\vdash$	V
4	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization		5	$\vdash$	V
5 6	Did the organization have members or stockholders?		6	1	+
7a	Did the organization have members of stockholders, or other persons who had the power to		<del></del>	<u> </u>	<del> </del>
	one or more members of the governing body?		7a	V	
b	Are any governance decisions of the organization reserved to (or subject to approva				
	stockholders, or persons other than the governing body?		7b	<b>'</b>	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:			12	
a	The governing body?		8a	-	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	—	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		<b>,</b>
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.	
0001	on Division (into occuping requeste uncontactor about policies net required by the	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of				Ī
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	F - F - F (F)	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	├─	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done	policy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14		1
15	Did the process for determining compensation of the following persons include a review a	and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		ę.		3
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi				
	with a taxable entity during the year?		16a	77 .	<b>'</b>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to		i.	t	F
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure		1.00		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	ind 990-T (Section	n 501(	c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the boundariation: Traves Avila 3443 W Plum St Lincoln NE 68522	ooks and records	of the	<del>)</del>	
	ANAGORIZATION - TESTICO NATIONAL AND DIOM ST. LINCOIN NIE ANA 22				

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Form	$\alpha \alpha \alpha$	1001	21

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

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.

in the critical control of the control of the critical	r any related	a orga	オロビ	สแบ	ti co	ampe	1154	ted any curren	i dilicer, director	, or trustee.
				(C	>)				-	
(A)	(B)	,		Posi		than c		(D)	(E)	(F)
Name and Title	Average					ış both		Reportable	Reportable	Estimated
	hours per week (list any	office		ad		or/trust	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Ş.	emi	Former	the	organizations	compensation
	related	l rec	it l	cer	em (	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	현	ona		Key employee	8 5		(VV-2/1099-WISC)		and related
	(ine)	ust	Institutional trustee		ее	nper				organizations
		%	stee			Highest compensated employee				
						ä	-		-	
(1) Trent Maly										
President					~		L	_ 0	0	
(2) Jerry Clark									_	
Secretary	ļ		_		~	ļ	ļ	0	0	
(3) Travis Avıla		İ			ا ا					
Treasurer	<u> </u>		_		~	<u> </u>		0	0	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)			-							
(10)	<del></del>									
(11)							<u> </u>			
(12)										
(13)			_		-	_				
(14)		-		-	-	-	$\vdash$			
• •	1		l	ŀ		1	1			l

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Posi heck ss pe d a d	erson directe	e is or in the state of the sta	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-M	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
(15)	<del></del>			Ğ			ited	-				
(16)	<del></del>			$\vdash$	-	$\vdash$		├				
(17)	<del></del>			$\vdash$		$\vdash$		<del> </del>				
(18)		<u></u>						$\vdash$				_
(19)				$\vdash$	$\vdash$			$\vdash$				
(20)								$\vdash$				
(21)				H							1	
(22)				$\vdash$				$\vdash$	-			
(23)				$\vdash$				<del> </del>				
(24)						<del> </del>	$\vdash$	$\vdash$				
(25)				H				$\vdash$	1			
1b c d	Sub-total .  Total from continuation sheets to Part Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organi	VII, Sectio					· ·	▶ ▶ •) w	0 0 0 vho received me		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete S									est compe	ensate	Yes No 3 V
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	,000	)? <i>II</i> 	f "Ye: 	s," 	complete Sch	nedule J fo	or suc	h 4 v
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or inc	dividua · ·	5 V
Section 1	on B. Independent Contractors  Complete this table for your five highest of compensation from the organization. Replyear.	•										
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
					_							
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abo	ove) who		

Par	VIII	Charlet Schodule Cooptains a response	or note to	any line in this	Part \/III		
		Check if Schedule O contains a response	or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
irar	Ь	Membership dues 1b	110630				
s, G	С	Fundraising events 1c		i			
Sift ar /	d	Related organizations 1d					†
S, E	е	Government grants (contributions) 1e					
io S	f	All other contributions, gifts, grants,		ļ		•	
a e		and similar amounts not included above 1f		i			
e e	g	Noncash contributions included in lines 1a-1f <sup>-</sup> \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	▶	110630			
E E		Busi	ness Code	· · · · · · · · · · · · · · · · · · ·			
¥e.	2a						
ĕ	b						
څ	С	<u></u>					
Se	d						
ם	e						
Program Service Revenue	f	All other program service revenue .	•				1
	3	<b>Total.</b> Add lines 2a–2f	Interest			<u> </u>	1
	"	and other similar amounts)					
	4	Income from investment of tax-exempt bond pro	L				
	5	Royalties	>cccus >		****		
			Personal		<u> </u>		
	6a	Gross rents					
	b	Less: rental expenses	$\neg \neg \neg$				
	С	Rental income or (loss)		1			
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities (ii	) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ►</u>				
evenue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a					
Ę	b	Less: direct expenses b					
O	1	Net income or (loss) from fundraising events	s . <b>&gt;</b>				1
		Gross income from gaming activities. See Part IV, line 19 a	-				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory	▶			ļ	<u></u>
		Miscellaneous Revenue Busi	ness Code				
	11a						
	b						ļ <u>-</u>
	С				<del></del>		
	d	All other revenue					
	12	Total rayonus See instructions	· · 💆 ]	110620	·		

	0 (2013)  IX Statement of Functional Expenses		<u></u>		Page 10
	in 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete coi	lumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and 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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10 11	Fees for services (non-employees):		·		-
a b	Management				
d	Accounting				
е	Professional fundraising services. See Part IV, line 17		<del></del>		<del></del>
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion				
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	100011		<del>                                     </del>	
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			ļļ	
22	Depreciation, depletion, and amortization .				
23	Insurance	9373			
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					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	109384			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)   if the only if the only if the organization is the organization of the organization is the organization of the organization is the organization of the org				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗀
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	11738	1	12984
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			<del> </del>
		trustees, key employees, and highest compensated employees.		1	
		Complete Part II of Schedule L	0	5	0
	6	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		1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	0	10c	0
	11	Investments – publicly traded securities	·	11	
	12	Investments—other securities. See Part IV, line 11	-	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11738	16	12984
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			<del></del>
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	<u> </u>
Bal	28	Temporarily restricted net assets		28	
ק	29	Permanently restricted net assets		29	
Ţ	Ì	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ts or F		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.	11738	32	12984
Š	33	Total net assets or fund balances	11378		12984
_	34	Total liabilities and net assets/fund balances	11378	34	12984

	Pa	ge <b>12</b>
	11	10630
	10	9384
		1246
	1	1738
	-	12984
	Yes	No
		:
2a		<u>~</u>
<u> </u>		
2b	i	V

3b

Form 990 (2013)

Form 990 (2013) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 1 2 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 4 5 6 7 7 8 8 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 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 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 Were the organization's financial statements audited by an independent accountant? 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: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis If "Yes" to line 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За 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.

## 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Theta Chi Gamma Phi Chapter

4670379366

Part V

3b) All income is business related coming from our residents. There is no unrelated Business Income

Part VI

- 7a) There are stockholders who elect the governing body. One shareholder owns the majority of the stock
- 7b) Changes to the mortgage and other major financial decisons must be approved by a majority of the shareholders
- 8b) There are no committees other than the governing body
- 11) The form 990 is available to shareholders and members of the governing body upon request
- 19) These documents have not been made public

Schedule O (Form 990 or 990-EZ) (2013)			
Name of the organization	Page 2 Employer Identification number		