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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE	D Employer identification number 25-1317759
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 305 NORTH MARKET STREET	E Telephone number 724-494-3045
	City or town, state or province, country, and ZIP or foreign postal code NEW WILMINGTON PA 16142	F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **N/A**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

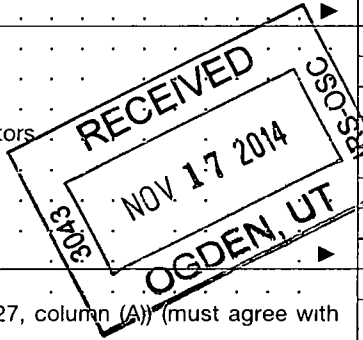
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **120,596 27**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																	10,273 27													
	2 Program service revenue including government fees and contracts																	0													
	3 Membership dues and assessments																	110,323 00													
	4 Investment income																	0													
	5a Gross amount from sale of assets other than inventory						0																								
	b Less: cost or other basis and sales expenses						0																								
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		0												
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c Less: direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																		0													
7a Gross sales of inventory, less returns and allowances																															
b Less: cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																		0													
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																		120,596 27													
Expenses	10 Grants and similar amounts paid (list in Schedule O)																	0													
	11 Benefits paid to or for members																	0													
	12 Salaries, other compensation, and employee benefits																	0													
	13 Professional fees and other payments to independent contractors																	0													
	14 Occupancy, rent, utilities, and maintenance																	35,115 63													
	15 Printing, publications, postage, and shipping																	0													
	16 Other expenses (describe in Schedule O)																	72,986 27													
17 Total expenses. Add lines 10 through 16																	108,101 90														
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																	12,494 37													
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																	164,214 04													
	20 Other changes in net assets or fund balances (explain in Schedule O)																	17,045 81													
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																	193,754 22													

SCANNED DEC 12 2014



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,383 87	22 22,878 24
23 Land and buildings	193,000 00	23 193,000 00
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	203,383 87	25 215,878 24
26 Total liabilities (describe in Schedule O)	39,169 83	26 22,124 02
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	164,214 04	27 193,754 22

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's 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 PROVIDED MEALS, HOUSING AND SOCIAL PROGRAMS FOR THE LOCAL SOCIAL FRATERNITY MEMBERS TOTAL OF -40 MEMBERS FOR THE YEAR		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE SCOTT 1656 JANNEY STREET PITTSBURGH, PA 15206	CHAIRMAN 3 0	0	0	0
STEVEN RUPERTO 261 LOVELL PLACE ERIE, PA 16503	TREASURER 3 0	0	0	0
CRAIG CARLIN 1028 NORTH NEGLEY AVENUE APT 3 PITTSBURGH, PA 15206	SECRETARY 3 0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		✓
c	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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ None		
42a	The organization's books are in care of ▶ LEE SCOTT Telephone no. ▶ 724-494-3045 Located at ▶ 1656 JANCEY STREET PITTSBURGH, PA ZIP + 4 ▶ 15206-1327		
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		Yes	No
	46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		Yes	No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
49a Did the organization make any transfers to an exempt non-charitable related organization?			
b If "Yes," was the related organization a section 527 organization?			
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

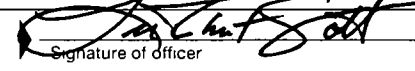
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	November 10, 2014 Date
	LEE SCOTT, CHAIRMAN Type or print name and title	

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

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

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

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE

Employer identification number

25-1317759

PART I 16 Other expenses (describe in Schedule O) Line 16 Expenses Total 72,986 27

Chapter Dues and Fees \$64,015 71

Accounting Fees \$7,687 29

Chapter Operations \$1,283 27

PART I 20 Other changes in net assets or fund balances (explain in Schedule O) Line 20 Total 17,045 81

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

At the close of ZLAC's fiscal year on June 30, 2013, the reported outstanding balance of these obligations was \$39,169 83

At the close of ZLAC's fiscal year on June 30, 2014, the reported outstanding balance of these obligations was \$22,124 02

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

PART II 26 Total liabilities (describe in Schedule O) (A) Beginning of year \$39,169 83 (B) End of year \$22,124 02

*Please see the above response to PART I Line 20

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

Zeta Lambda Alumni Corporation (ZLAC) is comprised of alumni from the Zeta Lambda Chapter of Theta Chi Fraternity at Westminster College ZLAC serves the undergraduate chapter of the fraternity by being the landlord and ensuring the upkeep of the Chapter House In addition to providing facility maintenance, ZLAC mentors and advises the undergraduate members by connecting them with alumni who can assist with career development Lastly, ZLAC helps its alumni reconnect by sponsoring events that foster the feeling of brotherhood long after the members graduate from the college

Name of the organization

Employer identification number