

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

Department of the Treasury Internal Revenue Service

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

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

<u>A</u>	For the	e 2013 ca	lendar year, or tax year		7/1/2013		ending		/2014		
В	Check if	applicable	C Name of organization	Lambda Chi Alpha	Fraternity-Alpha	Omicron Zet	a Chap	D Employer I	dentification	number	
	Address	change	Doing Business As	·	<del> </del>						
	Name ch		Number and street (or PC	box if mail is not delivere	d to street address)	Room/suite		35-0885603			
	Name Cn	ange	P.O_Box 502					E Telephone r	number		
Ш	Initial reti	urn	City or town		State	ZIP code					
	T		Bloomington		IN	47402					
닏	Terminate	ea	Foreign country name	Foreign province	e/state/county	Foreign posta	code				
	Amended	i return						G Gross recei	pts \$	7	721,490
	A = w1 4.		F Name and address of prin	oungi officer							X No
ш	Application	on pending	·	•	47400			nis a group return foi		==	==
			Matt Smith Po Box 502	<del> </del>	4/402		H(b) Ar	e all subordinates	included?	Yes	No
}	Tax-exem	pt status	501(c)(3) X 501(c)	) ( 7 ) <b>∢</b> (insert	no) 4947(a)	1) or 527	14.	'No," attach a list	(see instruct	ions)	
J	Website	: ► N/A				<del></del>	HICKG	oup exemption nu	mher 🕨		
				. [7]	٦	1			Τ		
		rganization	Corporation T	ust Association _	Other ►	L Ye	ar of forma	ation 1918	M State of	legal domicile	IN_
	Part I	Sui	mmary								
	1	Briefly d	escribe the organization	n's mission or most s	significant activit	ies Prov	ide roo	m and board t	o active c	hapter	
9	1	member	s while attending Indiar	na University	-						
្នាទ្ទី	l l										
Covernance Governance		Charlet	bay	anciention deponting	and its apprehen		   <b>-f</b>				
<u></u>	2		nis box 🕨 🔲 if the or				or mor	e than 25% oi		sets.	
.=.(U ∧x	3		of voting members of the				•	· ·	3		8
့ ကို	4		of independent voting r					·	4		8
ಹ≣	5	Total nu	mber of individuals emp	oloyed∥in calendar ye	ar 2013 (Fland	line 2a)		Ĺ	5		0
╬╬	6	Total nu	mber of volunteers (esti	mate if necessary)	2015   0			[_	6		
X	7a	Total uni	related business revenu	ie from Part VIII, col	umn (C), line/12				7a		0
SCANNED FER TREVENS &	b	Net unre	elated business taxable	income from Form 9	190-T, line 82			. Г	7b		0
<b>Z</b> ,	1			OGDE				Prior Year		Current Yea	ır
3,	. 8	Contribu	itions and grants (Part \	/III line 1h)					0		0
⋛	9		service revenue (Part			•		629,		7	721,357
೫₹	10	-	ent income (Part VIII, co		and 7d)		<del></del>		134	<u>'</u>	133
2	1 14					- '	<del></del>				<u> </u>
	1 ,,		venue (Part VIII, colum	• • •		•	<b></b>		0		- 0
	12		enue—add lines 8 throug			ine 12)	ļ	630,			721,490
	13		ınd sımilar amounts pai	· ·			<u> </u>		0		0
	14		paid to or for members				<u></u>		0		0
Ø,	15	-	other compensation, em			es 5–10) .	L	77,	764 90,603		
Expenses	16a	Professi	onal fundraising fees (F	Part IX, column (A), li	ne 11e) .				_ 0		0
ä	b	Total fun	draising expenses (Par	t IX, column (D), line	≥ 25) ▶	0					
ũ	17	Other ex	penses (Part IX, colum	n (A), lines 11a-11d	, 11f-24e) .	· · · · · · · · · · · · · · · · · · ·		521,	966	E	329,419
	18		penses. Add lines 13-1			ne 25)		599,			720,022
	19		e less expenses. Subtra	•		,			367		1,468
ŏ	<del></del>					· · · · ·	Beging	ing of Current Y		End of Year	
a a	20	Total ass	sets (Part X, line 16) .				- Seg	487,			67,596
Assets	21		pilities (Part X, line 26)	· · · · · ·			<b></b>	412,			190,177
Net	E 21			 Hanad Da - 74 formation i		•	<b></b>				
			ets or fund balances. Su	ibiliact line Z i nom i	me 20	<del></del>	<u> </u>	75,	901]		77,419
	art II		nature Block		<del></del>			<del></del>		<del></del>	
			, I declare that I have examine								
and	pellet, it i	s true, corre	ct, and complete Declaration	or preparer (other than one	cer) is based on all if	normation of whic	n prepare	r nas any knowled	ige/		
Si.	gn		Joneur )	ullo				/	12///	<u> </u>	
	ere	<b>"</b>	Signature of officer	, —				Date			
110			Dominic Gal	lo Measa	ner						
			Type or print name and title								
		Print	/Type preparer's name	Prepar	er's signature		Dat	e		PTIN	
Pa	aid	<u>_</u>			- H-12		1	Che		1	
	epare	Dia	na Holdman		1 100 (D		1/	19/2015 self	-employed	P0148443	31
	se Only		's name	unting Service				Firm's EIN	5-1874	854	
0.	VIII)		's address ► 608 N Colle		gton, IN 47404			Phone no			
	db = 1*							. Hone no		<u> </u>	<u> </u>
WE	ay the IF	ka discris	s this return with the pro	eparer snown above	(see instruction)	ns)				X Yes	U No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2013)	Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter	35-0885603	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly	lescribe the organization's mission.		
•	•	·		
				·
2	Did the	organization undertake any significant program services dunng the year which were not listed on		
	the prio	r Form 990 or 990-EZ?	Yes	X No
	If "Yes."	describe these new services on Schedule O.		٠٠٠ ليتا
3		organization cease conducting, or make significant changes in how it conducts, any program		
J	service	organization cease conducting, or make significant changes in now it conducts, any program	— ··	[57] N
			Yes	X No
		describe these changes on Schedule O.		
4	Describ	e the organization's program service accomplishments for each of its three largest program service:	s, as measured by	
	expens	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	locations to others	•
		expenses, and revenue, if any, for each program service reported		
40	/Codo	\/Fyronece \$    \rm		
4a	(Code	) (Expenses \$ including grants of \$ ) (Revenue	ле ф	)
				•
		·		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	ıe \$	
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	ле <b>\$</b>	)
4d	-	ogram services. (Describe in Schedule O.)		
	(Expens	es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total pr	ogram service expenses • 0		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	}	Х
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,			
	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,"			
	complete Schedule D, Part III	8		Χ
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ <u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114	^	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Χ
þ	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		}	.,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	120	- {	v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		Х
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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		- 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	- 1	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1/		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ł	Х
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	}	_X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
22	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	ĺ	l
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		l	l
24a		23	├	X
2-74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	^
C	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		ł
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
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 pnor Forms 990 or	İ		Ì
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		١
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	710022	X 92,898,59
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		
a	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	28a	-	X_
b	Schedule L, Part IV.	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	х
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			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		}	
<b></b>	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	336		
55	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	
		Form	990	(2013)

orm 9	90 (2013) Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter 35-08	35603	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	┥ .		
·	gaming (gambling) winnings to prize winners?	1c		<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
Lu				
h		1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		├
2-				-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	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	1	, i	
_	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			٠ .
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	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>L_</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Ĺ
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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		
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			l
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		_
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			<b></b>
a	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	1		l
1	Section 501(c)(12) organizations. Enter	1	j	
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		1
	against amounts due or received from them)		1	l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
b 2	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	-	
3		12-		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.			l
þ	Enter the amount of reserves the organization is required to maintain by the states in which			Ì
_	the organization is licensed to issue qualified health plans	-		1
C	Enter the amount of reserves on hand	1		<del>                                     </del>
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter 35-0885603 Page Covernance, 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 or note to any line in this Part VI

Sect	ion 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 8			
	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	l	}	}
	committee, explain in Schedule O.	l	İ	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	p* -		
	any other officer, director, trustee, or key employee?	2	-	Х
3	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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	<del>  ^`</del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•	<u> </u>	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14	^	
D		76	v	,
8		7b	X	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- :
_	, ,		X	ļ
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a		<u> </u>
ь	· · · · · · · · · · · · · · · · · · ·	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
04	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae	_	r
100	Did the experientian have legal charters branches as offlicted?	40-	Yes	No
10a	• • • • • • • • • • • • • • • • • • • •	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40.		ŀ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del> </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40.	· ·	
40		12c	Х	<del></del>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	<del>,</del>	X
15	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?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization .	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		X
b	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 take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an emany attento make its Forms 1023 (or 1024 if applicable) 990, and 990 T (Section 501(a)/2)			<b>-</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	s only	")	
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website	<b>.</b>		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli- financial statements available to the public during the tax year.	∍y, an	u	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	and the second s	R		
	organization: Greek Accounting Service 812-333-484  608 N. College Ave, Bloomington, IN 47404			

FORM 990 (2013)	Lambda Chi Alpha Fratemity-Alph	a Omicron Zeta	Chap	ter_		_				35-08856	503 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ectors, Truste	es, ł	(ey	En	npl	oyee	s, I	Highest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a r		te to	an	y lir	ne i	n this	s Pa	art VII....		
Section A.	Officers, Directors, Trustees, Key E										
1a Complete	this table for all persons required to be									with or within the	<del></del>
organization's											
of compensat	of the organization's <b>current</b> officers, d tion. Enter -0- in columns (D), (E), and (	(F) if no compens	sation	wa	s pa	aid.					ount
• List all	of the organization's current key emplo	oyees, if any. Se	e inst	ruct	ions	for	defin	itior	of "key employ	ee."	
who received	e organization's five current highest cor reportable compensation (Box 5 of For and any related organizations	mpensated empl m W-2 and/or B	oyees ox 7 (	s (ot of Fo	orm	tha 109	n an ( 9-Mi	offic SC)	er, director, trust of more than \$1	ee, or key emplo 00,000 from the	oyee)
	of the organization's <b>former</b> officers, ke eportable compensation from the organ							ed e	employees who i	received more th	an
organization,	of the organization's <b>former directors</b> more than \$10,000 of reportable compe	ensation from the	e orga	anız	atio	n ar	nd any	y re	lated organizatio	ns	the
compensated	n the following order individual trustees employees; and former such persons.									_	
X Check th	is box if neither the organization nor an	y related organiz	ation	cor			ted a	ny c	urrent officer, di	ector, or trustee	<del> </del>
		<b>,</b>				C) sition			į	{	į
	(A)	(B)	(do not check more than one				than o		(D)	_ (E)	_ (F)
	Name and Title	Average hours per	box, unless person is both an officer and a director/trustee)					001	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any hours for	or in	Test.	Officer	é	황를	Former	from the	from related organizations	other compensation
		related organizations	individual to or director	T to	8	em	joye	룔	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	individual trustee or director	la t		oye	a gi	}	(11 2 1000 111100)		and related
		inte,	stee	Institutional trustee		6	Highest compensated employee	1			organizations
		]					藍				
(1) Domini	c Gallo	15 00									
Treasurer		0 00			X	_		-			
(2) Will Dis	inger	15 00 0 00	I .		x						]
(3)					Ť	-					
			<u> </u>	<u>L</u>	_	_		_			
						_					
(5)	1										
(7)											
(8)											
(9)											
(10)											
(11)											
(12)						_					
(13)											
(14)				_	_		_				

		hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	a Officer	irecto	bighest compensated employee	ee)	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) stimate mount other npensa from the ganizati d relati anizati	of tion e ion ed
(15)													
(16)											<del>                                     </del>		<del></del>
(17)						-							
(18)								-			1		
(19)											+		
(20)								-			$\dagger$		
(21)								<del>                                     </del>			<del>                                     </del>		
(22)								-			1	<u> </u>	
(23)											1		
(24)											†		
(25)											†		
c T	otal from continuation sheets to Part VII, Se	ection A .							0				0
	otal (add lines 1b and 1c). otal number of individuals (including but not lir		ted a	bov	e) w	/ho	recei	ved	more than \$100		<u>)</u>		0
re	eportable compensation from the organization	<u> </u>		ı	0				<del></del>	<del></del>		Vaa	Nia
	old the organization list any <b>former</b> officer, dire		-	•	oye	e, o	r high	nest	compensated		3	Yes	No X
4 F	or any individual listed on line 1a, is the sum one organization and related organizations greated organizations.	of reportable com	npens	atio					•				***************************************
5 D	old any person listed on line 1a receive or accr	•			-			-			4		X
	or services rendered to the organization? If "Year B. Independent Contractors	es," complete Sc	hedu	ie J	tor	suc	h per	son	<u> </u>		5		_ X
1 C	complete this table for your five highest compe ompensation from the organization. Report co ear.										tax		
	(A) Name and business addr	ress							(B) Description of serv	vices	(C Comper		
													0
								$\vdash$					<u>0</u>
									····				0
	otal number of independent contractors (includes than \$100,000 of compensation from the	-	ed to	tho	se li	ste	abo O	ve)	who received		,		0

	-	Check if Schedule O contains a response or note to any lin-	e in this Part VIII			🔲
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>8</b> 8	1a	Federated campaigns 1a	0		Į	
E 2	b	Membership dues 1b	_0	į		
S, G	С	Fundraising events . 1c	0	)		
Sift ar /	ď	Related organizations 1d	0		<b>,</b>	1
å Ë	9	Government grants (contributions) 1e	0		-	
tion sr.S	f	All other contributions, gifts, grants, and	7	-		-
ĕ₩		similar amounts not included above . 1f	ol			
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	0	1		
ة <u>ت</u>	h	Total. Add lines 1a-1f	▶ 0	1		
		Business Cod	le			
11.0	2a	Room and Board 721310	721,357		1	
Ž.	ь		0			
8	C		0			
2	d		0	<u> </u>		
8	e		0	<del></del>		
Program Service Revenue	f	All other program service revenue	0	<del></del>	<del> </del>	
5	a		721,357			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	133	1		
	4	Income from investment of tax-exempt bond proceeds	<b>▶</b> 0			
	5	Royalties	<b>▶</b> 0			
j		(ı) Real (ıı) Personal				
i	6a	Gross rents		1	1	
	ь	Less: rental expenses .	7	}		
	С	Rental income or (loss) . 0	0			
	d		0			
	7a					
		assets other than inventory 0	<u></u>			
	ь	Less cost or other basis				
		and sales expenses 0	o			
	С	Gain or (loss) 0	0			
	d	•	0	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
ne	8a	Gross income from fundraising			1	
eu		events (not including \$ 0	<u> </u>	7 '		
Ş		of contributions reported on line 1c)				
7		See Part IV, line 18 a	0			}
Other Revenue	b	Less. direct expenses b	0			
0	C	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	0	-		}
	b	Less direct expenses b	0			
	С	Net income or (loss) from gaming activities	• 0			
	10a	Gross sales of inventory, less	}			
		retums and allowances a	_0			
	b	Less: cost of goods sold b	0			_
	C	Net income or (loss) from sales of inventory	▶ 0			
		Miscellaneous Revenue Business Cod	e			
	11a		0			
	b		0			
	С		0			
}	d	All other revenue	0			
ļ	e		<u> </u>			{
	12	Total revenue. See instructions.	721,490	0	0	0

# Form 990 (2013) Part IX

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other or	ganizations must c	omplete column (A)	<u> </u>
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX .		
	not include amounts reported on lines 6b, 8b, 9b, 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	0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				. ,
	organizations, and individuals outside the	}		-	
	United States. See Part IV, lines 15 and 16 .	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		_		
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	79,280			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	ol			
9	Other employee benefits	0			
10	Payroll taxes	11,323			
11	Fees for services (non-employees)				<del></del>
а	Management	15,000			
b	Legal	10,000			
C	Accounting	15,740	·		
ď	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	ol			
12	Advertising and promotion	0	<del></del>		<del></del>
13	Office expenses	1,823	<del></del>		
14	Information technology	4,758			······
15	Royalties	4,738			
16	· · · · · · · · · · · · · · · · · · ·	457,590			
17	Occupancy	457,350			
18	Payments of travel or entertainment expenses	U U			
10	· · · · · · · · · · · · · · · · · · ·		į		
40	for any federal, state, or local public officials	0 0 0 7 5			
19	Conferences, conventions, and meetings	3,875			
20	Interest	0			<del></del>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	914			
24	Other expenses. Itemize expenses not covered		i	j	
	above (List miscellaneous expenses in line 24e. If	-		ł	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	National fees and dues	65,508			<del></del>
þ	Ifc dues	3,550			
C	Campus activities	60,661			
d	misc	0			
e	All other expenses	0			
25	Total functional expenses, Add lines 1 through 24e.	720,022	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	}	ļ	I	
	from a combined educational campaign and		į	Į	
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)			į	

Form 990 (2013)

Part X

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	16,658	_1_	29,862
	2	Savings and temporary cash investments	113,019	2	88,194
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	336,823	4	426,860
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees.	3 1, 1		ر کا داریا سے پوران
	)	Complete Part II of Schedule L		5	
	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	j		}
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	ę.		
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 22,680			
	Ь	Less accumulated depreciation 10b 0	21,471	10c	22,680
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	ō	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	487,971	16	567,596
	17	Accounts payable and accrued expenses	12,728	17	29,421
	18	Grants payable		18	
	19	Deferred revenue	341,241	19	392,791
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		-	
<u> </u>		disqualified persons Complete Part II of Schedule L		22	
<u>.</u>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	58,051	25	67,965
	26	Total liabilities. Add lines 17 through 25	412,020	26	490,177
	20		412,020	20	430,177
Ś		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ဦ		complete lines 27 through 29, and lines 33 and 34.		<del>-</del>	
툪	27	Unrestricted net assets	75,951	27	77,419
ä	28	Temporarily restricted net assets		28	
밑	29	Permanently restricted net assets		29	
Ē	ſ	Organizations that do not follow SFAS 117 (ASC958), check here			,
ō	-	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	<del></del>	30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	75,951	33	77,419
	34	Total liabilities and net assets/fund balances	487,971		567,596

. •	Carloda Chi Alpha i Taternity-Alpha Chilcion Zeta Chapter		0000000	Page	14
Par	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI			. [	]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		721,4	90
2	Total expenses (must equal Part IX, column (A), line 25) .	2		720,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	68
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75,9	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	93			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		77,4	<u> 19</u>
Part	· · ·				_
	Check if Schedule O contains a response or note to any line in this Part XII			L	
				Yes N	10
1	Accounting method used to prepare the Form 990 CashX Accrual Other		1 3 4 4		> }
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال المراجعة المراجعة ال	- 185 E	.
	Schedule O		77.3		<sup>41</sup> /
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		1,11,50		,
	reviewed on a separate basis, consolidated basis, or both:		م حرم في	111	
	X Separate basis		11.4	es ( )	- }
b	Were the organization's financial statements audited by an independent accountant?		2b	)	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		1 1		. [
	Separate basis Doth consolidated and separate basis				.
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		<u> </u>		٦
	Schedule O.				-
3a	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		
b	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		35	- 1	

Form **990** (2013)

Sched	ule D (Fo	orm 990) 2013 Lambda Chi Alpha	Frate	rnity-Alpha Oi	micron Ze	eta Chapte	r	_	35-08	85603		Page 2
Part		Organizations Maintaining	Coll	ections of	Art, His	torical Tr	easures, o	r Othe	er Similar Ass	sets (coi	ntinue	d)
3		g the organization's acquisition, a of its collection items (check all th			records,	check any	of the follow	ing that	t are a significar	nt		
а		Public exhibition			d [	Loan	or exchange	prograi	ms			
b	一	Scholarly research			e -	Other						
	H	•			·	J 0o.			·			
C	<u> </u>	Preservation for future generation		-114:		4h <i>C</i> .		41				
4	Part 2	de a description of the organizate XIII.	on s co	ollections and	explain i	now they fu	artner the org	janizatio	on's exempt pur	pose in		
5		ng the year, did the organization s ts to be sold to raise funds rather				•		•		Y	es [	] No
Part	IV	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21	_		to Form	990, Par	rt IV, line 9,	or rep	orted an amou	unt on Fo	orm	
1a		e organization an agent, trustee, o				•					· [	) Na
<b>L</b>		ded on Form 990, Part X?.. s," explain the arrangement in Pa								L,	es	No
b	11 16	s, explain the arrangement in Fa	III VIII	and complete	e trie iolio	wing table	ı-			Amount		
_	Doo!	arian balansa						-		Amount		0
C		nning balance						10				U
d		ions during the year						10	_+			_
e		butions during the year						1:				0
f		<del>-</del>						<u> </u>	<del>-</del>			-
2a	Did th	he organization include an amour	t on F	orm 990, Par	t X, line 2	21?				Y	es X	No
b	If "Ye	s," explain the arrangement in Pa	irt XIII	Check here	if the exp	lanation ha	as been prov	ided in	Part XIII .		L	)
Part	V	Endowment Funds.										
		Complete if the organization	ansv	wered "Yes"	to Form	990, Par	t IV, line 10	١				
				Current year		or year	(c) Two years		(d) Three years ba	ck (e) F	our years	s back
1a	Begir	nning of year balance		0		0		0				
b	-	ributions				<del></del>						<del></del>
С	Net in	nvestment earnings, gains,				<del> </del>						
		osses			}			1				
d		ts or scholarships										
e		r expenditures for facilities							· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>
•		programs						ł		-		
	-	nistrative expenses			<del> </del>			<del></del> }				
'		of year balance		0					<del></del>	0		0
g 2		de the estimated percentage of the		<u>-</u>	halanaa	(line 1a es	lump (a)) ha	[d cc	<del> </del>			
		de the estimated percentage of the designated or quasi-endowmen		ent year end	%	(iiite 1g, co	numm (a)) ne	iu as				
a		a designated of quasi-endowmen	ι	0/	70							
b				<u>%</u>								
C	•	porarily restricted endowment	 	% 400 lawara biy								
0	•	percentages in lines 2a, 2b, and 2		-								
3a		here endowment funds not in the	posse	ssion of the c	organizati	on that are	neid and ad	ministe	rea for the		[ <del>\d</del>	
	-	nization by.								<u> </u>	Yes	No
	(i)	unrelated organizations								3a(i)	—-	<u> </u>
_	(ii)	related organizations								3a(ii)	<del> </del>	<u> </u>
b		s" to 3a(ii), are the related organi			•					3b	L	<u> </u>
4		ribe in Part XIII the intended uses			's endow	ment fund	<u>s</u> _					
Part	VI	Land, Buildings, and Equi Complete if the organization			to Form	990 Par	t IV line 11	a See	Form 990 Pa	art X line	e 10	
		Description of property		(a) Cost or of		T —	est or other		Accumulated		Book valu	
		becompany or property		(investr		1 ' '	s (other)	, , ,	depreciation	(6)	OUV ASIR	
1a	Land		<del>,</del>	,	0	<del></del>	0					0
_	Buildi			<del></del>	0	+	0		0			0
b		~	•	<del></del>	0	<del></del>	<del>_</del>	<del> </del> -				
C		ehold improvements	- •			<del></del>	13,625		0			13,625
d		oment			0	<del>+</del>	0.055		0			0.055
e		r		Aural Carre Co	0	<u> </u>	9,055		0		<del></del>	9,055
lotal	. Add l	ines 1a through 1e. (Column (d) i	nust e	iquai ⊢omi 99	iu, Part X	, column (l	в), iine 10(c).	<u> </u>				22,680

Part VII	Investments—Other Securiti Complete if the organization a		0, Part IV, line 11b See Forr	n 990. Part X. line 12	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value		
(1) Financial of	derivatives	0			
	eld equity interests	0			
(3) Other					
(A)	***************************************				
(B)					
(C)				·- <del></del>	
( <u>P</u> )					
(E)					
(F)					
( <u>G</u> )					
(H)					
	must equal Form 990, Part X, col (B) line 12)	0	<u> </u>		
Part VIII	Investments—Program Rela				
	Complete if the organization as	nswered "Yes" to Form 99	0, Part IV, line 11c See Forn	n 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)				· · · · · · · · · · · · · · · · · · ·	
(8)					
(9)				·	
	nust equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization ar		0, Part IV, line 11d. See Forn		
	·	a) Description	<del></del>	(b) Book value	
		<del></del>	<del></del>		
(2)			·····		
(3)		<del></del>	· · · · · · · · · · · · · · · · · · ·		
(4)		<del> </del>	<del></del>		
(5)	<del></del>	······································	· <del></del>	<del></del>	
(6)					
(8)		<del></del>			
	n (b) must equal Form 990, Part X, co	of (B) line 15.)		0	
Part X	Other Liabilities.	n. (B) inte 10.)		<u> </u>	
raitA	Complete if the organization ar	newered "Ves" to Form 99	O Part IV line 11e or 11f So	e Form 990 Part Y	
	line 25.	iswered tes to roini ss	o, raitty, line fre or tri. Se	eromi 990, rait X,	
1.	(a) Description of liability	(b) Book value			
	ncome taxes	0			
(2) Room de		67,965			
(3) Rent pay	able House corp				
_(4)					
(5)					
_(6)					
_(7)					
(8)		<b> </b>			
(9)					
	ust equal Form 990, Part X, col (B) line 25)	67,965	L.	0	
2. Liability for u	incertain tax positions. In Part XIII, provid	be the text of the foothote to the	organization's financial statements	tnat reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

#### 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

2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter	35-0885603
Form 990, Part VI, Section B, Line 11b: The 990 is presented to the board at a board meeting	
for review.	
Form 990, Part VI, Section B, Line 12c: Board members are informed of the Policy. If any	
conflict of interet is determined such person shall give notice of such interest or	
relationship and shall thereafter refrain from discussing or voting on such matters related to	
the conflict of interest	
······································	