



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

A For the 2013 calendar year, or tax year beginning 08/01/13, and ending 07/31/14

B Check if applicable:	C Name of organization Alpha Chi Omega Fraternity, Inc. Subordinate Group Return	D Employer identification number 90-0885939
<input type="checkbox"/> Address change	Doing Business As	E Telephone number 317-579-5050
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 5939 Castle Creek Parkway N. Dr.	Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Indianapolis IN 46250	G Gross receipts \$ 46,948,827
<input type="checkbox"/> Terminated	F Name and address of principal officer Tami Shields Silverman 5939 Castle Creek Parkway N. Dr. Indianapolis IN 46250	H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. (see instructions)
		See Stmt 1
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527	J Website: ► www.AlphaChiOmega.org	H(e) Group exemption number ► 0467
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation:	M State of legal domicile:

SCANNED APR 9 2015

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities:
Alpha Chi Omega is a national women's organization that enriches the lives of members through lifetime opportunities for friendship, leadership, learning, and service.
- 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets.
- 3 Number of voting members of the governing body (Part VI, line 1a)
- 4 Number of independent voting members of the governing body (Part VI, line 1b)
- 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)
- 6 Total number of volunteers (estimate if necessary)
- 7a Total unrelated business revenue from Part VIII, column (C), line 12
- b Net unrelated business taxable income from Form 990-T, line 34

	Prior Year	Current Year
3	1486	
4	1486	
5	453	
6	2718	
7a		2,290
7b		0

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 535,778	Current Year 521,813
	9 Program service revenue (Part VIII, line 2g)	31,078,478	33,094,484
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,981	2,290
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,760	-431,144
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,625,997	33,187,443
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,374,950	1,322,529
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,356,875	4,423,482
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (B), line 26)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,482,172	26,073,242
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 26)	31,213,997	31,819,253
	19 Revenue less expenses. Subtract line 18 from line 12	412,000	1,368,190
Net Assets or Fund Balances		Beginning of Current Year 10,006,568	End of Year 11,345,606
	20 Total assets (Part X, line 16)	29,152	0
	21 Total liabilities (Part X, line 26)	9,977,416	11,345,606
	22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Sign Here	Signature of officer Tami Shields Silverman	Date 3-10-15
	Type or print name and title Chief Executive Director	
Paid Preparer Use Only	Print/Type preparer's name Robert L. Whitehurst, C.P.A.	Preparer's signature Robert L. Whitehurst, C.P.A.
	Firm's name ► Arnold Gallivan Levesque P.C.	Date 03/05/15 Check <input type="checkbox"/> If PTIN self-employed P01383986
	Firm's address ► 2810 Premiere Pkwy Ste 200	Firm's EIN ► 26-0863073
	Firm's address ► Duluth, GA 30097	Phone no. 678-570-8112

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate Instructions.
DAA

Form 990 (2013)

g13

4

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

Alpha Chi Omega is a national women's organization that enriches the lives of members through lifetime opportunities for friendship, leadership, learning, and service.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$) including grants of \$) (Revenue \$)

Alpha Chi Omega includes over 18,000 active collegian members at over 135 chapters located across the United States. Collegian members interact socially and participate in programming that promote character, leadership, academic interest, financial responsibility and personal development. Alpha Chi Omega is about finding and shaping real, strong women.

4b (Code) (Expenses \$) including grants of \$) (Revenue \$)

4c (Code) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$) including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1		X
2	X	
3		X
4		
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV 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	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
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	
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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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, Parts II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1a 19**

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1b 0**

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c X**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a 453**

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b X**
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 X**

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 X**

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)? **4a X**

b If "Yes," enter the name of the foreign country ►
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a X**

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b X**

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **5c**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a X**

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

7 **Organizations that may receive deductible contributions under section 170(c).**

a 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**

d If "Yes," indicate the number of Forms 8282 filed during the year **7d**

e 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**

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.**

a 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**

10 **Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **10a 1,480,050**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders **11a**

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**

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **13a**
Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

c Enter the amount of reserves on hand **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a X**

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
 - b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 - a The governing body
 - b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	1486	
1b	1486	
2		X
3		X
4		X
5		X
6		X
7a	X	
7b	X	
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

- 10a Did the organization have local chapters, branches, or affiliates?
 - b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
 - b Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13
 - b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 - c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 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
 - b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 - 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?

	Yes	No
10a	X	
10b	X	
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **IN, OK**
- 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

Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Christine Louck** **5939 Castle Creek Parkway N. Dr.** **Indianapolis** **IN 46250** **317-579-5050**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Institutional Trustee	Director	Key Employee	Independent Contractor	Highest Compensated			
(1) See Schedule Attached 0.00	0.00									
Provided on Request 0.00	0.00	X	X					0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

1b Sub-total ►

c Total from continuation sheets to Part VII, Section A ►

d Total (add lines 1b and 1c) ►

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	521,813			
g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f		►	521,813		
Program Service Revenue					
2a Member Dues & Assessments	Busn Code				
	713990	21,012,815	21,012,815		
b Housing Program Fees	531110	12,081,669	12,081,669		
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		►	33,094,484		
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		►	2,290		2,290
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross rents	(i) Real	(ii) Personal			
	10,873,762				
b Less: rental exps	10,872,949				
c Rental inc or (loss)	813				
d Net rental income or (loss)		►	813	813	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis & sales exps					
c Gain or (loss)					
d Net gain or (loss)		►			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events		►			
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances	a	2,456,478			
b Less cost of goods sold	b	2,888,435			
c Net income or (loss) from sales of inventory		►	-431,957	-431,957	
Miscellaneous Revenue	Busn Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total revenue. See instructions		►	33,187,443	32,663,340	2,290
					0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21	1,322,529			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,712,245			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	98,264			
10 Payroll taxes	612,973			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	26,090			
d Lobbying				
e Professional fundraising services. See Part IV, line 17	46,309			
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	790,334			
12 Advertising and promotion	129,190			
13 Office expenses	1,278,870			
14 Information technology	732,081			
15 Royalties				
16 Occupancy	5,018,568			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	635,206			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Recruitment	6,501,772			
b Chapter Meals	6,388,561			
c Social Expenses	2,282,867			
d Chapter Expense	1,615,066			
e All other expenses	628,328			
25 Total functional expenses. Add lines 1 through 24e	31,819,253	0	0	0
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets				
1	Cash—non-interest bearing	4,882,299	1	5,851,126
2	Savings and temporary cash investments	5,124,269	2	5,494,480
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
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		
b	Less accumulated depreciation	10b		10c
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)	10,006,568	16	11,345,606
Liabilities				
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	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 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	29,152	26	0
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	9,977,416	27	11,345,606
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,977,416	33	11,345,606
34	Total liabilities and net assets/fund balances	10,006,568	34	11,345,606

Part XI Reconciliation of Net AssetsCheck 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	33,187,443
2 Total expenses (must equal Part IX, column (A), line 25)	2	31,819,253
3 Revenue less expenses Subtract line 2 from line 1	3	1,368,190
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,977,416
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,345,606

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
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? 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	3a	
	3b	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

Alpha Chi Omega Fraternity, Inc.
Subordinate Group ReturnEmployer identification number
90-0885939**Form 990 - Additional Information**

Part IV, Line 21- Form 990 instructions require the organization to select "No" if the answer is "No" for any subordinates to which the line applies. Accordingly, the organization has selected "No" for this question.

Form 990, Part I, Line 6

Volunteers include initiated members, alumnae members, and other members of the community at large. Alpha Chi Omega has estimated the number of volunteers during the year ended 7/31/2014.

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation

A subordinate with \$1,000 of gross unrelated business income must file Form 990-T. The group return is not required to file Form 990-T per IRS instructions. Accordingly, only one subordinate, Gamma Chapter, qualifies to file Form 990-T. The chapter will prepare and timely file Form 990-T as required.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

All members of each Chapter have the right to vote in the election of the governing body for their specific Chapter.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

All decisions of the local collegiate Chapters are subject to the approval of its members.

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization	Employer identification number
<u>Alpha Chi Omega Fraternity, Inc.</u>	<u>90-0885939</u>

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The information necessary to complete the 990 is compiled by each individual Chapter and then forwarded to the controller. The controller organizes the data and then is forwarded to an independent CPA. Once the return has been prepared, the 990 is reviewed by the controller and Executive Director at headquarters. After the review and approval, the 990 is made available to the elected governing body of the Alpha Chi Omega Fraternity, Inc.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All board members and officers of Alpha Chi Omega Fraternity must annually file a conflict of interest form. Members may not vote on any issue related to any disclosed conflict.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All financial, tax, and legal documents are made available to members of the public on request to the National President of Alpha Chi Omega Fraternity, Inc.

Form 990, Part VII - Group Return Method

Parent organization has filed a consolidated return

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013
Open to Public
Inspection

 Name of the organization
Alpha Chi Omega Fraternity, Inc.
 Subordinate Group Return
Employer identification number
90-0885939
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 52(e)(13) controlled entity	(h) Section 52(e)(7) controlled entity
(1) Alpha Chi Omega Fraternity, Inc. 5939 Castle Creek Parkway N. Dr. Indianapolis IN 46250	Social	IN	7		N/A		X
(2)							
(3)							
(4)							
(5)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34
 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(k) Percentage ownership	
									General or managing partner?	Yes
(1)										
(2)										
(3)										
(4)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(k) Percentage ownership	
									Yes	No
(1)										
(2)										
(3)						
(4)										

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (e-g)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, excluded, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Schedule R (Form 990) 2013 **Alpha Chi Omega Fraternity, Inc.** **90-0885939** **Page 5**

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Federal Statements

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information

Business Name	Address	EIN
Alpha Beta Chapter	851 David Ross Rd	35-0866022
Alpha Chapter	403 E Seminary St	35-0876035
Alpha Chi Chapter	725 W Hampton Dr	35-0878163
Alpha Epsilon Chapter	3906 Spruce St	52-1652757
Alpha Eta Chapter	347 W Simpson St	34-6530203
Alpha Gamma Chapter	1635 Mesa Vista Rd NE	85-0019510
Alpha Iota Chapter	384 Main St	03-0181281
Alpha Kappa Chapter	850 E 15th Ave	93-0111570
Alpha Lambda Chapter	915 University Ave SE	41-0120270
Alpha Omega Chapter	BSC 549107	63-6050239
Alpha Omicron Chapter	103 E 15th Ave	31-4114767
Alpha Phi Chapter	2420 Nueces St	74-1132047
Alpha Pi Chapter	505 Cambridge St	45-6016947
Alpha Psi Chapter	638 Hilgard Ave	95-0487550
Alpha Tau Chapter	29 Madbury Rd	02-0223236
Beta Chapter	1103 E Cass ST Albion Col	38-6072585
Beta Chi Chapter	900 State St # 143	93-6031718
Beta Delta Chapter	CSU 6011P.O. Box 8793	54-0701561
Beta Epsilon Chapter	243 Burcham Dr	38-0293620
Beta Eta Chapter	518 W Park Ave	59-0140500
Beta Mu Chapter	101 Hibbs Hall	25-6064240
Beta Nu Chapter	1387 E 100 S	87-0213342
Beta Omega Chapter	3130 Village Loop	34-6555664
Beta Omicron Chapter	Box 15201 Florida-Southern Col	59-6153188
Beta Phi Chapter	712 Ridge St	34-4432026
Beta Pi Chapter	300 Washington Ave	52-6050082
Beta Psi Chapter	Box 3127 Tech Station	72-6027777
Beta Rho Chapter	4410 Massachusetts Ave NW # 291	52-6047070
Beta Sigma Chapter	1064 S Lumpkin St	58-0590675
Beta Tau Chapter	McCracken Hall Miami Univ	31-6043713
Beta Xi Chapter	693 N 800 E	87-0109983
Chi Chapter	310 NW 26th St	93-0111530
Delta Chi Chapter	PO Box 175	25-6066173
Delta Epsilon Chapter	William Woods Univ#1 Univ Ave	43-6066111
Delta Kappa Chapter	1000 Towers Cir	43-6031811
Delta Lambda Chapter	Box 2507 SHSU	74-6063436
Delta Mu Chapter	Ripon Col Johnson Hall	39-6078327
	38 Nutting Ave	04-2283446

**Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
 (continued)**

Business Name	Address	EIN
Delta Nu Chapter	301 Lynn Ave	42-6125730
Delta Omicron Chapter	1541 SW Market St Unit B	93-6027121
Delta Pi Chapter	1531W Cumberland Avenue	62-6046725
Delta Psi Chapter	6509 Segovia Rd	95-6146401
Delta Rho Chapter	5939 Castle Creek Parkway N. Dr.	45-5585793
Delta Tau Chapter	Box 59 MSU	41-0908744
Delta Zeta Chapter	916 S Main St	38-6090746
Epsilon Chapter	813 W 28th St	95-0487540
Epsilon Chi Chapter	215 E Rosemary St	35-1399619
Epsilon Eta Chapter	412 Steen	75-6064606
Epsilon Kappa Chapter	700 E Chapman Ave	95-2556483
Epsilon Lambda Chapter	1109 Greek Row Dr	23-7040597
Epsilon Nu Chapter	1612 Chrisway Dr	23-7059519
Epsilon Omega Chapter	1464 E Foothill Blvd	35-1438995
Epsilon Omicron Chapter	ISU, Lincoln Quad Box C	23-7107695
Epsilon Phi Chapter	741 Brittain Dr NW	58-6119153
Epsilon Psi Chapter	1022 Arroyo Drive	35-1403214
Epsilon Tau Chapter	61 Oak Lane	52-2103985
Epsilon Theta Chapter	6000 J St # 14	94-6163970
Epsilon Zeta Chapter	Dormitory J Auburn Univ	63-6063348
Eta Chapter	Bucknell Univ Box C 3941	24-6021367
Gamma Chapter	637 Univ Place	36-6207418
Gamma Chi Chapter	421 N. Woodland Blvd. #8230	59-6152184
Gamma Epsilon Chapter	223 S Garfield St	73-6104056
Gamma Iota Chapter	820 W Panhellenic Dr	59-0633068
Gamma Mu Chapter	Ball State Univ., AXO	35-6025145
Gamma Nu Chapter	PO Box 151012	95-1919020
Gamma Omicron Chapter	PO Box 5495	55-0379140
Gamma Phi Chapter	PO Box 10836	74-6048853
Gamma Pi Chapter	401 W Kennedy Blvd	59-6151923
Gamma Rho Chapter	PO Box 4072	75-6027881
Gamma Tau Chapter	2501 N Blackwelder Ave # 68B	73-6103530
Gamma Theta Chapter	4525 College Ave	52-0613163
Gamma Upsilon Chapter	5019 Calhoun Rd Apt 5	74-6053751
Gamma Xi Chapter	1345 Fraternity Village Dr	38-6095248
Gamma Zeta Chapter	1835 Todd Rd	48-0544669
Iota Chapter	904 S Lincoln Ave	37-0663116

Federal Statements

**Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
(continued)**

Business Name	Address	EIN
Iota Chi Chapter	MTSU Box 197	62-1843736
Iota Lambda Chapter	TCU Box 296951	74-2576362
Iota Nu Chapter	9500 Gillman Drive MC 0078	94-3148157
Iota Omega Chapter	2001 Alford Park Dr # 1340	20-2271222
Iota Omicron Chapter	1501 Lakeside Dr	52-1811740
Iota Phi Chapter	275 Mount Carmel Ave CB11	06-1478234
Iota Pi Chapter	7502 Fondren Rd	74-2675279
Iota Psi Chapter	EU Campus Box 7117	62-1868619
Iota Rho Chapter	6525 N Sheridan Rd # 32	36-3895516
Iota Sigma Chapter	3020 Daniel Ave	75-2525850
Iota Tau Chapter	C/o CSUSM SLL Office	93-1165193
Iota Xi Chapter	PO Box 55633	33-0495128
Kappa Chapter	152 Langdon St	39-0126480
Kappa Lambda Chapter	5998 Alcala Park	20-3521299
Kappa Mu Chapter	3900 University Blvd	20-4276889
Kappa Nu Chapter	1060 Morewood Ave	20-5534142
Kappa Pi Chapter	601 South College Rd	45-5576463
Kappa Xi Chapter	11000 University Pkwy	20-5697982
Nu Chapter	1162 12th St	84-0003800
Omega Chapter	735 NE Monroe St	91-0123752
Omicron Chapter	PO Box 54	48-6117942
Phi Chapter	1500 Sigma Nu Pl	48-0118830
Pi Chapter	2313 Warring St	94-0276807
Psi Chapter	1115 College Ave	73-0582836
Rho Chapter	4545 17th Ave NE	91-0123750
Tau Chapter	500 Washington St SE	58-6044307
Theta Chi Chapter	1212 Hill St	38-0293610
Theta Iota Chapter	Lehigh Univ39 Univ Dr	52-1595011
Theta Lambda Chapter	PO Box 85611 Baylor Univ	52-1389567
Theta Omega Chapter	PO Box 2082 Univ Station	52-1386778
Theta Omicron Chapter	818 N 15th St Apt 11	36-3650544
Theta Pi Chapter	478 Commonwealth Ave	52-1450534
Theta Psi Chapter	137 C St	68-0180369
Theta Sigma Chapter	515 Lerner Hall	13-3548943
Theta Upsilon Chapter	3454 Saint Johns Bluff Rd S # 1	35-1698541
Upsilon Chapter	Off. of Greek Life, RHU 115 1400 G	35-1711811
	299 N Fairview Ave	37-0666948

Federal Statements

**Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
(continued)**

Business Name	EIN
Xi Chapter	47-0090360
Zeta Chi Chapter	52-1333846
Zeta Eta Chapter	35-1437215
Zeta Lambda Chapter	35-1480602
Zeta Nu Chapter	52-1211483
Zeta Omega Chapter	52-1372411
Zeta Omicron Chapter	62-1349352
Zeta Phi Chapter	52-1282742
Zeta Pi Chapter	94-2922209
Zeta Psi Chapter	52-1290948
Zeta Rho Chapter	38-1246439
Zeta Sigma Chapter	52-1272847
Zeta Tau Chapter	52-1272637
Zeta Theta Chapter	35-1452415
Zeta Upsilon Chapter	52-1272151
Zeta Xi Chapter	51-0252653
Beta Lambda Chapter	30-0785239
Alpha Nu Chapter	43-0156609
Kappa Omicron Chapter	45-3727735
Sigma Chapter	42-0111611