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# SCANNED JUN 0 8 2015

Form **990** 

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

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.

Open to Public Inspection

^	ror the	2014 calendar year, or tax year beginning January 1 , 2014, and el	naing Dece	mber 31	, 20 14
_		applicable C Name of organization Theta Chi Fraternity Gamma Phi Chapter		D Employ	yer identification number
	Address	change Doing business as			470379366
	Name ch	nange Number and street (or P.O box if mail is not delivered to street address) Rooi	m/suite	E Telepho	one number
	lnıtıal ret				4024662721
	Final retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amende	d return Lincoln, NE 68504		<b>G</b> Gross r	<del></del>
	Applicat	on pending F Name and address of principal officer Trent Maly			subordinates <sup>2</sup> Yes No
		2800 N 50th Street Lincoln, NE 68504			es included? Yes No
<u>L</u>	Tax-exe	mpt status	7 If "I	No, attach	a list. (see instructions)
	Website		H(c) Grou	p exemption	number ►
		organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo	rmation	M State	e of legal domicile NE
Pa	art I	Summary			····
	1	Briefly describe the organization's mission or most significant activities: The	e active and alu	mnı mem	bers of Theta Chi
9		Fraternity Gamma Phi Chapter Provide housing for active members and are invo	lved with philar	nthropic a	nd community
Activities & Governance		activities at Nebraska Wesleyan University			
Į.	2	Check this box ▶☐ if the organization discontinued its operations or dispos	ed of more tha	n 25% of	its net assets.
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	
ඡ	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4	
ijes	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	
Ĭ	6	Total number of volunteers (estimate if necessary)		. 6	
Aci	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	
		•	PnorY	ear	Current Year
m	8	Contributions and grants (Part VIII, line 1h)		110630	81322
Revenue	9	Program service revenue (Part VIII, line 2g)			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	)	110630	81322
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
per	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109384	62309
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		109384	<del></del>
	19	Revenue less expenses. Subtract line 18 from line 12		1246	<del></del>
- S	<del>                                     </del>		Beginning of C		<del></del>
ans	20	Total assets (Part X, line 16)		12984	4812
Vet Assets or und Balances	21	Total liabilities (Part X, line 26)		0	)
ξĒ	22	Net assets or fund balances Subtract line 21 from line 20		12984	4812
	art II	Signature Block	<u> </u>		
Un	der pena	ulties 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
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,,
					<del></del>
Sig	ın	Signature of officer	D	ate	
He	re	TRAUS ALILA TREASURER		4	1/10/2015
		Type or print name and title			
D-	: -1	Print/Type preparer's name Preparer's signature	Date	Ob	C , PTIN
Pa				Check self-em	
	epare	Firm's name > RECEDED	E.	m's EIN ▶	· · · · · · · · · · · · · · · · · · ·
US	e Onl	y Firm's name ► RECEIVED		one no.	
Ma	v the li	RS discuss this return with the preparer shown above? (see instructions)			· · · 🗌 Yes 🗌 No
_			at. No. 11282Y	·	Form <b>990</b> (2014
. 01				✓	7 (MIN 030 (2014
				`	

Fresno, ca

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Form 99	90 (2014)				Page <b>2</b>					
Part		ment of Program Service		- 111						
			esponse or note to any line in this Pa	art III	<u> </u>					
1		cribe the organization's mission numbers and alumni of Theta C		le room and board for active mem	bers and are					
		The active members and alumni of Theta Chi Fraternity Gamma Phi Chapter provide room and board for active members and are involved with philanthropic and community activities at Nebraska Wesleyan University								
2	Did the ora	anization undertake any sign	ficant program services during the ye	ar which were not listed on the						
2	prior Form	990 or 990-EZ?			☐ Yes ☑ No					
3		scribe these new services on ganization cease conducting	Schedule O. g, or make significant changes in h	ow it conducts any program						
	services? .		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No					
	If "Yes," de	scribe these changes on Sch	edule O.							
4	expenses.	Section 501(c)(3) and 501(c)(	vice accomplishments for each of its 4) organizations are required to report or each program service reported.							
4a	(Code:	) (Expenses \$	62309 including grants of \$	) (Revenue \$	81322 )					
		e of Theta Chi Fraternity Gamm	ne Phi Chapter is to provide a place whei		tudy and provide					
	rooms while	e attending college.								
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4d		ram services (Describe in Sch		· ·						
4e	(Expenses 9		rants of \$ ) (Revenue :	)						
	_ i otal progra	am service expenses 🕨	02307	_ <del></del>	5 000					

Part	10 (2014)  V Checklist of Required Schedules			Page 3
rart	Checklist of Required Schedules	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			110
	complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	` ]	,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	5 manufacture of the state of t	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . .

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

15

16

17

18

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

14b

15

16

17

18

19

20a

Part	Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		•
**	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		\ \
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d		~
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	25a 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 "Yes," complete Schedule L, Part II	26		,
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v v
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		 	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		V
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
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? <i>If "Yes," complete Schedule R, Part VI </i>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	~	
			n <b>990</b>	(2014)

	Statements Departing Other IDS Filings and Toy Osmalings			rage
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. V
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	0	<u>}</u>	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	칆	}	‡ `
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	•	Ì
·	reportable gaming (gambling) winnings to prize winners?	. 1	1	ŧ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	ļ	<del>[</del>
24		,		<b>•</b>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	ļ
_	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	<u> </u>	1
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	<u> </u>	~
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		
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶		}	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	.		•
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	-
	gifts were not tax deductible?	- 1	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).	6b	<del>}</del>	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	.		
u	and services provided to the payor?	1	, ;	١,
		7a	<del> </del>	~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	ļ	~
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	1	<b>}</b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			١.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		•	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11	Section 501(c)(12) organizations. Enter:	7		ŧ
а	Gross income from members or shareholders	ŀ		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	┪		
	against amounts due or received from them.)		}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b>i</b>	Ť
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	1	<u> </u>	ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		•
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del></del>	<del> </del>
o	Note. See the instructions for additional information the organization must report on Schedule O.	138	<del> </del>	<u> </u>
ь	Enter the amount of reserves the organization is required to maintain by the states in which		}	Ī
D	the approximation is becaused to increase worldfood backle where			Ī
_	100	4 .		ŧ
C		<u> </u>	<u></u>	<b></b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	ļ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	İ	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management			V	
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.	1a 5		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent .	1 <b>b</b> 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth	under the direct	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~
5	Did the organization become aware during the year of a significant diversion of the organization		5		~
6	Did the organization have members or stockholders?		6	<b>V</b>	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a	>	
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?		7b	~	
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			·
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b		~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule Common and		9_		v
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	ue C		
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization of the or		10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	• •	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13		~
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	14	`	•
_			45-		
a b	The organization's CEO, Executive Director, or top management official		15a 15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	lar arrangement	16a		,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure		עניו	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization Travis Avila 3443 W Plum St Lincoln, NE 68522	on's books and re	cords	:▶	

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Form	qqn	(2014)	ı

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

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

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

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

Check this box if neither the organization neither	or any relate	a orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, directo	r, or trustee.
		(C)								
(A)	(B)	Position						(D)	(E)	<b>(F</b> )
Name and Title	Average				k more than one erson is both an			Reportable	Reportable	Estimated
	hours per	per officer and a director/trustee)						compensation of	compensation from	
	week (list any hours for	익호	7,	Q	<u>چ</u>	육품	77	from the	related organizations	other compensation
	related	d k	stitu	Officer	y er	P g g	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	용표	ğ	, ,	뮻	e c	1	(W-2/1099-MISC)	l	organization and related
	line)	Individual trustee or director	32		Key employee	ğ				organizations
		l e	Institutional trustee		"	Highest compensated employee				
			Φ			ited				
(1) Trent Maly		İ			ļ					
President					~			0	0	
(2) Jerry Clark	İ									
Secretary	_				~			0	0	
(3) Travis Avila						ŀ				
Treasurer					~	L	<u> </u>	0	0	(
(4)										
(5)										
(6)										
(7)										
(8)							ļ			
(9)						 				
(10)										
(11)								<u> </u>		
							<u> </u>			
(12)										
(13)										
(14)										<u> </u>

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (co	ntınue	ed)		
					Pos	C) Ition			1		ĺ			
	(do not check more than o					(D)	(E)			<b>(F)</b> mated				
	Name and title	Average hours per					ıs both or/trusi		Reportable compensation	Reportable compensation f	rom		ount of	
		week (list any hours for		_	_			<del>,                                    </del>	from the	related			ther ensatio	
		related	Individual trustee or director	Institutional trustee	Officer	Key employe	Highest compensated employee	Former	organization	organization (W-2/1099-MI			erisatio m the	n
		organizations	cto	tion		夏	st co	1 "	(W-2/1099-MISC)				nization	
		below dotted line)	ੋੜ	al tr		yee	mp						related iization:	
			l é	uste		-	in Sa		1	l	- 1	_		
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(15)		ļ	•											
(16)		<del></del>	]						}					
<u> </u>				<u> </u>				-						
(17)		<del> </del>	•											
(18)		<u></u>			<u> </u>	-		<del> </del> -	<del></del>	ļ	+-			
(,														
(19)										<u> </u>				
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(21)														
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(22)														
(23)		ļ	<u> </u>			-		├-	<del></del>	<del></del>	-+			
(20)								ĺ						
(24)										· · · · · · · · · · · · · · · · · · ·	_			
(25)									]					-
		L			L			<u> </u>				-		
1b	Sub-total			•	•		•	<b>&gt;</b>	0		0	_		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•		0		0			0
2	Total number of individuals (including but							<u> </u>	<u> </u>	l				
_	reportable compensation from the organi		1 10 11	036	1131	eu .	auove	5) W	no received in	ore triality for	3,000	Oi.		
	<u> </u>											_	Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete										•	3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	-							•	edule J for	such	1		
5	Individual										udual	4	ļ	~
3	for services rendered to the organization											5	1	,
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than	\$100	.000 of	:	
	compensation from the organization. Rep													ах
	year.	<del> </del>												
	(A) Name and business add	Irona							(B)			(C)		
	Name and business and							_	Description of s	ervices		Compens	sation	
								-						
								$\vdash$						
								$\vdash$		<del>-</del>				
										<del></del>	_			
2	Total number of independent contractor							th	ose listed ab	ove) who	•••••	<del></del>		*********
	received more than \$100,000 of compens	sation from	the o	rgar	ııza	tion	<b>_</b>							

Part	VIII	Statement of Revenue						
		Check if Schedule O contain	s a res	ponse or note to			<u>.</u> <u></u>	<u> </u>
;				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>υ</u> υ	1a	Federated campaigns				Tevende	<del> </del>	012-014
ons, Gifts, Grants Similar Amounts	b	Membership dues		81322			}	
£ E	C	Fundraising events				`	1	,
ifts Ir A	d	Related organizations			•			,
ila Bila	e	Government grants (contributions				•	1 `	1
Si Si	f	All other contributions, gifts, grants		T		* .		
outi her	Į	and similar amounts not included abov						,
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions included in fines	1a-1f \$	·				
Cor	h	Total. Add lines 1a-1f		•	81322		1	
				Business Code		······································		·
Ju J	2a				f		1	
æ	b							
<u>.</u>	С				-			
ĕ.	d							
E	е			_		-		
Program Service Revenue	f	All other program service reve	nue					
P	g	Total. Add lines 2a-2f		•		•••••	•••••••••••••••••••••••••••••••••••••••	
	3	Investment income (includin	g divid	ends, interest,		-	1	
		and other similar amounts) .	•	🕨				
	4	Income from investment of tax-ex	kempt b	ond proceeds ►				
	5	Royalties						
		(i) R	eal	(ii) Personal				`
1	6a	Gross rents .						`
	b	Less. rental expenses			·			
	C	Rental income or (loss)				,	1 '	
	d	Net rental income or (loss)	<u> </u>	▶				
	7a	Gross amount from sales of (i) Second	urities	(II) Other				***
		assets other than inventory			,			1
	b	Less. cost or other basis						
		and sales expenses .					],	•
	С	Gain or (loss)		<u> </u>			,	
	d	Net gain or (loss)		▶				
enne	8a	Gross income from fundraising events (not including \$	g					
æ.		of contributions reported on line	1c)				}	
7		See Part IV, line 18				`		
Other Rev	ь	Less, direct expenses	. b			٤ ٠	1	
Ü	С	Net income or (loss) from fund		events . >	` `			
		Gross income from gaming ac				·	***************************************	
		See Part IV, line 19	· a		`			
	b	Less: direct expenses	. b				<b>‡</b>	
	С	Net income or (loss) from gam	ing act	ivities ►	` `			,
	10a	Gross sales of inventory,	less					`
		returns and allowances	· a		`	*		
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sale		entory			]	
		Miscellaneous Revenue		Business Code				
	11a						I	<u> </u>
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructio	ns.	▶	81322			

	90 (2014)				Page 10
	Statement of Functional Expenses			<del></del>	
Section	on 501(c)(3) and 501(c)(4) organizations must con				
Do no	Check if Schedule O contains a resport include amounts reported on lines 6b, 7b.			(C)	
8b, 9t	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			` `	ì
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits			1	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				· <del>-</del> · · · · · · · · · · · · · · · · · · ·
d	Lobbying		·····		<del></del>
e •	Professional fundraising services. See Part IV, line 17		······································		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				· · · · ·
13	Office expenses				
14	Information technology				
15	Royalties				<u></u>
16	Occupancy	58179			
17 18	Travel				
16	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1100			<del></del>
23	Insurance	4130			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column			"	•
	(A) amount, list line 24e expenses on Schedule O.)				` .
а					
b					
С					
d					
e	All other expenses	·			
25	Total functional expenses. Add lines 1 through 24e	62309			<del></del>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   If following SOP 98-2 (ASC 958-720)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year Cash-non-interest-bearing . . . . . Savings and temporary cash investments . . . Pledges and grants receivable, net . . . . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ol Assets ol Inventories for sale or use . . . . . . Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b Investments—publicly traded securities . . Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV, line 11. Other assets. See Part IV, line 11 . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses . . . . . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 

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

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

Total liabilities and net assets/fund balances .

Form 990 (2014)

Form 99	90 (201	4)			Pa	age <b>12</b>
Part	t XI					
		Check if Schedule O contains a response or note to any line in this Part XI				
1	Tota	I revenue (must equal Part VIII, column (A), line 12)	1			81322
2		l expenses (must equal Part IX, column (A), line 25)	2			62309
3	Reve	enue less expenses. Subtract line 2 from line 1	3			19013
4	Net	assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			12984
5		unrealized gains (losses) on investments	5			
6	Don	ated services and use of facilities	6			
7	Inve	stment expenses	7			
8		period adjustments	8			
9		er changes in net assets or fund balances (explain in Schedule O)	9			
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		column (B))	10	-		4812
Part	XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
					Yes	No
1		ounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				
		e organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
		edule O.				
2a		e the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
		es," check a box below to indicate whether the financial statements for the year were com	oiled or			
	revie	ewed on a separate basis, consolidated basis, or both:				
	□s	eparate basis 🔲 Consolidated basis 🔲 Both consolidated and separate basis				
ь		e the organization's financial statements audited by an independent accountant?		2b		~
		es," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	sepa	arate basis, consolidated basis, or both:				ŀ
	_	eparate basis				
C		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1		
		e audit, review, or compilation of its financial statements and selection of an independent accou		2c		
		e organization changed either its oversight process or selection process during the tax year, ex	plain in		`	
	_	edule O.				
3а		result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
		Single Audit Act and OMB Circular A-133?		3a		~
b		es," did the organization undergo the required audit or audits? If the organization did not under				
	requ	ired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
				Forr	n <b>990</b>	(2014)

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

19) These documents have not been made public

► 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.

Open to Public Inspection

Name of the organization
Theta Chi Gamme Phi Chapter

Part V

Employer identification number
4670379366

Part V

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

Part VI

7a) There are stockholders who elect the governing body. One Shareholder owns the majority of the stock.

7b) Changes to the mortgage and other major financial decisions must be approved by a majority of the shareholders.

8b) There are no committees other than the governing body.

11) The form 990 is available to shareholders and members of the governing body upon request.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
	<del>-   </del>
	·
	*****