Form **990-EZ** 

# RETROACTIVE REINSTATEMENT Short Form

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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unteri	ID NOV	enue service				
			0, 2015			
B	heck if	Re C Name of organization D Emp	ployer identification number			
	_	ess change				
$\neg$	╕		4-6048771			
<b>=</b>	₹		ephone number			
늗	Final	return/ 1001 15th Change	14-346-1057			
F	╗	City or town crate or province country and ZIP or foreign nortal code				
<b>-</b>	<b>¬</b>	M 12100	F Group Exemption			
			Number Number X if the organization is			
6 /	ccour					
			required to attach Schedule B			
J	ax-ex		rm 990, 990-EZ, or 990-PF).			
		of organization: X Corporation Trust Association Other				
L	Add Im	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,				
	olumi	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$ 176,593.			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I REGEIVED IN CORRES	X			
	1	Contributions, gifts, grants, and similar amounts received IRS - OSC - 21	1			
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments FEB 11 2021	3 176,593.			
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory				
	T	Less: cost or other basis and sales expenses 5b				
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events	Δ			
	١ ٠	Gross income from gaming (attach Schedule G if greater than				
E E	"	\$15,000)				
Revenue	Ι.	Gross income from fundraising events (not including \$				
æ	"					
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)  Less: direct expenses from gaming and fundraising events				
	C	Lood, chief dipenses non gaming and tonerating events	<del></del>			
	ا ا	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	60			
	7a	Gross sales of inventory, less returns and allowances				
	b	Less; cost of goods sold	<del>   </del>			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule 0)  Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	176 503			
_	9		9 176,593.			
	10	Grants and similar amounts paid (list in Schedule 0)	10			
	11	Benefits paid to or for members  Salaries, other compensation, and employee benefits	11			
တ္တ	12	Caractes, other compensation, and employed consists	12			
Expenses	13	Professional fees and other payments to independent contractors	13			
ğ	14	Occupancy, rent, utilities, and maintenance	14 88,716.			
ŭ	15	Printing, publications, postage, and shipping	15			
	16	Other expenses (describe in Schedule 0) See Schedule O	16 50,782.			
_	17	Total expenses. Add lines 10 through 16	17 139,498.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 37,095.			
25	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Ass		(must agree with end-of-year figure reported on prior year's return)	19 25,392.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20 0.			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 62,487.			
LH/	For	Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2014)			

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Pí	art II	Balance Sheets (see the instructions for Part II)	)					
•		Check if the organization used Schedule O to re	spond to any questic	on in this Part II				
				(A) Beginning of year	<u> </u>	(B) E	nd of year	
22	Cash,	savings, and investments		19,992.			62,4	
23	Land a	and buildings		5,400.	23		<del>-</del>	0.
24	Other	assets (describe in Schedule 0)	L		24			
25	Total	assets	<b>L</b>	25,392.			62,4	
26	Total	liabilities (describe in Schedule 0)		0.				0.
27		sets or fund balances (line 27 of column (B) must agree with line 2	1)	25,392.	27		62,4	<u>87.</u>
Pá	art III	Statement of Program Service Accomplishme	•	•	\		penses	
		Check if the organization used Schedule O to re		on in this Part III			for section and 501(c)(	
Wha	it is the c	organization's primary exempt purpose? See Schedule	0		∘	rganizatio	ons; optiona	
		ganization's program service accomplishments for each of its three largest program		ses. In a clear and concise	ľ	thers.)		
		be the services provided, the number of persons benefited, and other relevant infor	mation for each program title.		-+	<del> </del>		
28	See	Schedule 0		<del></del>	— I			
		· · · · · · · · · · · · · · · · · · ·			]			
					را ح			
	(Grants	\$ ) If this amount includes foreign	n grants, check here			sa —		
29						1		
					<b>-</b> ∤	1		
	/C	A Mission or a superior of the	n grante shook hara		<u> </u>	9a		
20	(Grants	) If this amount includes foreign	n grants, check here .			74		
30			·		-	ŀ		
					-	-		
	(Grants	\$ ) If this amount includes foreign	n grants check here			0a		
31	******************	program services (describe in Schedule O)	ri grams, oneok nore .					
•	(Grants		n grants check here			1a		
32		program service expenses (add lines 28a through 31a)	ri granto, oriook noro	<del></del>		2	·	
	art IV	List of Officers, Directors, Trustees, and Key	Employees (list each o	ne even if not compensated - si			r Part IV)	
		Check if the organization used Schedule O to re	espond to any questi	on in this Part IV				
			(b) Average hours	(C) Reportable		benefits,	(e) Estim	nated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	employe	itions to e benefit	amount of	f other
			position	(if not paid, enter -0-)		d deferred nsation	compens	ation
An	drew	/ Shapiro						
Pr	esid	lent	2.00	0.		0.	[	0.
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٠٠٠	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part \	1	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
Þ	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
£	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	<u>·</u> _		<u> </u>
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0.		<b>!</b>	<b>i</b> .
þ	Gross receipts, included on line 9, for public use of club facilities  39b  0.	. :	<b> </b> ,	1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		į i	l
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A			
Þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		<sup> </sup>	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		\ \\	<u> </u>
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	<u>r.                                    </u>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	'	1	1
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			l
_		ì		l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		X
	transaction? If "Yes," complete Form 8886-T	40e	L	<u> </u>
41	List the states with which a copy of this return is filed ► None  The organization's books are in care of ► Treasurer  Telephone no. ► 518271	637	<del>5</del>	
<b>42 &amp;</b>	Located at > 1985 15th St., Troy, NY			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:	- · · · ·		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		l_ '	1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			<b> </b>
	ın Schedule O	440		ļ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			<b> </b>
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u> </u>
		Form Q	90-F7	(2014)

Form 990-EZ (	2014) Theta of Chi Phi			14-60487	
	rganization engage, directly or indirectly, in political campaign activiti complete Schedule C, Part I	es on behalf of or in opposition	to candidates for pu	1	Yes No 
Part.VI	Section 501(c)(3) organizations only				
	All section 501(c)(3) organizations must answer questions 47-		the tables for lines	50 and 51	,
<del></del>	Check if the organization used Schedule O to respond to any	question in this Part VI	· · · · · ·	<u> </u>	18181-
47 Did the a	institution and the second section of the section of t	A	O 14 19 / a	Cat. C 20-411 [	Yes No
	rganization engage in lobbying activities or have a section 501(h) elec ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c		ir ii res, compiete		47 48
	rganization a solidor as described in section 170(b)(1)(A)(ii) 111-123, c				19a
	was the related organization a section 527 organization?			· · · -	19b
	e this table for the organization's five highest compensated employees	(other than officers, directors,	trustees and key em	ployees) who each	received more
than \$10	0,000 of compensation from the organization. If there is none, enter "I	Vone."	<u>.</u>		
	(a) Name and title of each employee	(b) Average hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
	N/A	per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deferred compensation	amount of other compensation
				•	
		· · · · · · · · · · · · · · · · · · ·			
<del></del>		1			
organiza	e this table for the organization's five highest compensated independention. If there is none, enter "None." N/A  Vame and business address of each independent contractor		ed more than \$100,0  Type of service		on from the ompensation
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	<u> </u>				
					· · · · · · · · · · · · · · · · · · ·
				<u></u> i	<del></del>
	nber of other independent contractors each receiving over \$100,000	•	<b>-</b>		<del></del>
	rganization complete Schedule A? Note. All section 501(c)(3) organiz	rations must attach a			Yes X No
	d Schedule A s of perjury, I declare that I have examined this return, including accor	mpanuma echodulae and etator	neate and to the hee	t of my knowledge	
	nd complete. Declaration of preparer (other than officer) is based on a			-	and belief, it is
	Moral Prisament			2/3/2	121
Sign	Signature of officer	·		Date	
Here	Noah Prisament, Treasurer				
	Type or print name and title	r - A	f 1 ou 1 5==		
	Print/Type preparer's name Preparer's signature	Dage	Check X self- employ	<i>-</i> ,	
Paid	Kenneth Habib	1/2 Long 1/15/	21	1	63350
Preparer		ccountancy Cor	p. Firm's EIN		
Use Only	Firm's address ▶ 700 S. Flower St. #33		Phone no.		73-1600
	Los Angeles, CA 90017				
May the IRS d	scuss this return with the preparer shown above? See instructions			<b>▶</b> X	Yes No
			-	Fo	rm 990-EZ (2014)

## **SCHEDULE O**

(Form 990. or 990-EZ)

Department of the Treasury Internal Revenue Service

432211

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Theta of Chi Phi

Employer identification number 14-6048771

Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Conferences, conventions and meetings	11,988.
Office Expenses	5,893.
Composite	872.
Advertising and Promotional Expenses	18,278.
Property Taxes	3,837.
Insurance	9,914.
Total to Form 990-EZ, line 16	50,782.
Form 990-EZ, Part III, Primary Exempt Purpose - Our organiz	ation provides
programs and support for the professional development, acad	emic success
and general education of members. Building up our members i	s an
essential part of our duties as brothers, as well as making	sure that
our fraternal activities directly benefit the lives and lon	g term
success of our members.	
Form 990-EZ, Part III, Line 28, Program Service Accomplishm	ents:
Our organization provides facilities, networking and other	
events and activities to resident and non-resident	
members. Our events and activities are designed to teach	
members useful skills, both personal and professional, incl	uding study
and tutoring skills, risk management skills and leadership	
We also host and sponsor many philanthropic and community s	
activities, raising funds for charitable causes like local	
kitchens and Habitat for Humanity. We also organize events	
	e O (Form 990 or 990-EZ) (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.

Attach to Form 990 or 990-EZ.

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Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Theta of Chi Phi

**Employer identification number** 14-6048771

members and non-members to volunteer for worthy charities and give back
to the community.
In addition, we provide social and community activities to help develop
the social skills of our members and expand their impact in the
community.