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# Form 990

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service 7/1/2014 6/30/2015 For the 2014 calendar year, or tax year beginning and ending Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chap C Name of organization **Employer Identification number** Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 35-0885603 Vame change P.O Box 502 Telephone number Initial return City or town ZIP code IN 47402 Bloomington inal return/terminated Foreign postal code Foreign province/state/county Foreign country name 802,684 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? Matt Smith Po Box 502, Bloomington, IN 47402 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) ) **(**insert no ) 4947(a)(1) or 527 Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ K Form of organization Corporation Trust Association Other > L Year of formation M State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities. Provide room and board to active chapter Aptivities & Governance members while attending Indiana University Checkhis box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number Streeting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)... 8 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . 5 Fotal number of volunteers (estimate if necessary) . . . . . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34. 0 Prior Year Current Year contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . 721.357 802.569 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 133 115 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 721,490 12 802,684 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 90,603 97,967 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 629,419 672,124 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 720,022 770.091 19 Revenue less expenses Subtract line 18 from line 12 1,468 32,593 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . 567,596 648,446 21 Total liabilities (Part X, line 26) . . 490,177 538,434 Net assets or fund balances. Subtract line 21 from line 20 77,419 110,012 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 Type or print name and title Print/Type preparer's name PTIN Paid ₹/25/2016 Diana Holdman self-employed Preparer ▶ Greek Accounting Service Firm's EIN > 35-1874859 **Use Only** Firm's address ▶ 608 N College Ave, Bloomington, IN 47404 Phone no May the IRS discuss this return with the preparer shown above? (see instructions). X Yes

Statement of Program services Accomplishments   Statement of Program services accomplishments   Statement of Program services   Statement of Program service	Form 9	90 (2014)	Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter	35-0885603	Page 2
Briefly describe the organization undertake any significant program services during the year which were not fisted on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  If "Yes," describe these changes on Schedule O.  If "Yes," describe the angination case conducting, or make significant changes in how it conducts, any program services, a 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 \$ micluding grants of \$ ) (Revenue \$ )  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	_Pa	rt III	Statement of Program Service Accomplishments		
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Part IV

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		١.,
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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,	ا ـ		V
_	Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
7	"Yes," complete Schedule D, Part I	6		X
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.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
8	complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u>-</u>		^
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- ا		^
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1.0		<del>- ^-</del>
••	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<b> </b>		
a	Schedule D, Part VI	11a	х	
ь	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more	<u> </u>		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Χ
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1112		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		]		
	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	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا ۔۔ ا		v
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		~
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
13	If "Yes," complete Schedule G, Part III	19		х
20a	The state of the s	20a		<del>^</del>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
		<u></u>		

#### Form 990 (2014) Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter 35-0885603 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?... 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), 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. . . . . . . 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 25b 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 Х 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 . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 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 Х

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. . .

Form 990 (2014) Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter 35-0885603 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year d | 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

13

h

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

the organization is licensed to issue qualified health plans.

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

13a

13b

13c

Form 990 (2014)

Part VI

Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter 35-0885603 Page 6

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

Seci	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 8</u>			
	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	!			1 1
	committee, explain in Schedule O		]		]
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wi	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	Х	<del>  ``</del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	 annoint	<u> </u>	<u> </u>	
	one or more members of the governing body?	арропп	7a	х	•
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	. ,	*a		
U	stockholders, or persons other than the governing body?	1	7.		1
			7b	Х	<del></del>
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:			<del></del>	
а	The governing body?	• • •	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	1 i		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		X
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code.		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?.	11a	Х	
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		12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes, "			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		X
	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 arrang	ement			
	with a taxable entity during the year?	<b>51,15111</b>	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		1		
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		ופטון		
<u> 17</u>	Ladden Added the Etable and Added Etable				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	1.T (Section 501/a)(2)		۸	
	available for public inspection. Indicate how you made these available. Check all that apply	5-1 (Section 501(c)(3)	is out	')	
		nlain in Ochadula Ci			
19		plain in Schedule O)	<b></b>		
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	a	
20	financial statements available to the public during the tax year	only and recents:	_		
20	State the name, address, and telephone number of the person who possesses the organization's b				
	Greek Accounting Service	812-333-4848			
	608 N. College Ave, Bloomington, IN 47404				

Form 990 (2014)	Lambda Chi Alpha Fratemity-Alpha								# <u></u>	35-08856	03 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, k	(ey	En	nplo	oyee	s, ł	Highest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		te to	an	v lir	ne II	n this	s Pa	art VII		
Section A.	Officers, Directors, Trustees, Key Er	<del> </del>									
	la 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.										
of compensat  List all  List the	<ul> <li>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</li> <li>List all of the organization's current key employees, if any See instructions for definition of "key employee."</li> <li>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</li> </ul>										
•	of the organization's <b>former</b> officers, ke	y employees, ar	nd hig	ghes	st co	mp	ensat	ed e	employees who r	eceived more th	an
\$100,000 of re	eportable compensation from the organi	ization and any	relate	ed o	rgar	nıza	tions				
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the
•	n the following order, individual trustees	or directors; ins	tıtuti	onal	trus	stee	s; offi	cer	s; key employees	s, highest	
<u> </u>	employees; and former such persons										
X Check th	s box if neither the organization nor any	/ related organiz	ation	COI	<u> </u>		ted a	ny c	current officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per	box,	unie	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	or director	1	Officer	Key employee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Tyler G	oldhammer	15 00		$\vdash$	<del>                                     </del>	-		$\vdash$			
Treasurer		0.00	Х	<u> </u>	X	L	<u> </u>	_			
(2) Dan Cu President	immins	15.00 0.00	Х		×						
(3)		0.00	^	$\vdash$	┝	$\vdash$		-			· · · · · · · · · · · · · · · · · · ·
				L	<u> </u>				!		
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)				<del>                                     </del>				$\vdash$			
(12)											
(13)							<b> </b>				
				+	<del>                                     </del>	<del> </del>	<del> </del>	├─	<del></del>	<del> </del>	<del></del>

35-0885603

(A) Name and title	. (C) Position  (A) (B) (do not check more than Name and title Average box, unless person is box officer and a director/fru		than o	h an Reportable tee) compensation		(E) Reportable compensation		(F) Estimate				
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organiza (W-2/1099-	tions	other compensa from the organizate and relate organizate	ation e tion ted
(15)												
(16)												
(17)					ļ							
(18)											<del></del>	
(19)			-	-			-					
(20)			-	-								
(21)				-								
(22)				-						-		
(23)			-	-			-					
(24)							$\vdash$					
(25)											<del></del>	
1b Sub-total			L	L	<u> </u>		<b>&gt;</b>	0		0		0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c).					•		<b>&gt;</b>	0		0		0
2 Total number of individuals (including but not li reportable compensation from the organization		ted a		e) v 0	vho	recei	ved	more than \$100	,000 of			
3 Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Scheol		-		oye	e, o	r high	nesi	t compensated			Yes 3	No X
4 For any individual listed on line 1a, is the sum the organization and related organizations gre individual.	•	•						•				X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ">									vidual		5	X
Section B. Independent Contractors												
Complete this table for your five highest compound compensation from the organization. Report of year.											ax	
(A) Name and business add	iress							(B) Description of ser	vices	С	(C) compensation	
												0
	·						<del> </del>			<del> </del>	<u></u>	0
												0
Total number of independent contractors (inclu-	_	ed to	tho	se l	iste	d abo	ve)	who received		12 3 3 3 1 V , (	4.3.3	0
more than \$100,000 of compensation from the	organization	•				0				1	Will State	

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
90 00	1a	Federated campaigns						
	b	Membership dues	1 <u>1</u> b	0				
الم ق	C	Fundraising events		<del></del>		]		
当当	d	Related organizations		<del></del>	,		,	
e E	е	Government grants (contributions		0		j		
를 들	f							
를 됨		similar amounts not included abo		0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	•	0				
	<u>h</u>	Total. Add lines 1a-1f	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	0			
9	_			Business Code				
96	2a	Room and Board		721310	802,569	<u> </u>		ļ
22	b				0			
울	C			<del></del>	0	<del></del>		<del></del>
န္	d			ļ	0	<del></del>		<del></del>
Ē	e	All other amounts control to the			0			<u></u>
Program Service Revenue	a a	All other program service revenu <b>Total.</b> Add lines 2a–2f			802,569			
	3	Investment income (including div	idends interest		002,369			
	•	other similar amounts)			115			
	4	Income from investment of tax-ex			0			
ł	5	Royalties			0			
}	•		(ı) Real	(II) Personal				i
	6a	Gross rents	<del></del>	1				
j	b	Less rental expenses						
ļ	C	Rental income or (loss)	O	0				a transport
1	d	Net rental income or (loss) .	<u> </u>		0			
Į.	7a	Gross amount from sales of	(i) Secunties	(II) Other				
1		assets other than inventory .	0	0				
	b	Less: cost or other basis		1				
		and sales expenses	0					}
	C	Gain or (loss)	0	<del></del>				
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	0'			
•	0.	Gross income from fundraising					i	
3 1	8a	events (not including \$	0					
8		of contributions reported on line						
Other Reven		See Part IV, line 18						,
훁	b	Less: direct expenses						·
8	c	Net income or (loss) from fundrai						'
}		Gross income from gaming activi		<del></del>				
1		See Part IV, line 19.	а	0				i '
Ì	ь	Less: direct expenses		0				,
1		Net income or (loss) from gaming			o	-	-	-
ĺ		Gross sales of inventory, less						
İ		returns and allowances	a	O				,
1	ь	Less: cost of goods sold	<b>b</b>	0				
	С	Net income or (loss) from sales of	f inventory		0			
[		Miscellaneous Revenue		Business Code				
ļ	11a				0			
Į	b				0			
ļ	C			<u> </u>	0			
)	d	All other revenue	•	L	0			
}	е		· · · · · · ·	<u> </u>	0			<u> </u>
	12	Total revenue. See instructions	<u> </u>	<u> ▶</u>	802,684	0	0	0

Part IX

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c			omplete column (A)	) <u>.                                    </u>
_	Check if Schedule O contains a response or note to	to any line in this Pa	rt IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments. See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to domestic			. 2	•
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			A 1 1-12 X 1	6 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, foreign governments, and foreign	i		1 7 7	2 0
	individuals. See Part IV, lines 15 and 16	0		*	,
4	Benefits paid to or for members	0		- , ,	
5	Compensation of current officers, directors,				
	trustees, and key employees	ol			
6	Compensation not included above, to disqualified		<del></del>		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salanes and wages	86,200	· <del>·····</del> ······························		
8	Pension plan accruals and contributions (include	00,200		· · · · · · · · · · · · · · · · · · ·	
o	section 401(k) and 403(b) employer contributions)	0			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		<u> </u>
10	Payroll taxes	11,767		<u> </u>	
11	Fees for services (non-employees):	44 500			
<b>a</b>	Management	11,500			
b	Legal	0			
C	Accounting	22,775			
d	Lobbying	0		0 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	542			
14	Information technology	10,667			
15	Royalties	0			
16	Occupancy	470,932			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings.	2,081			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	839		- <del></del>	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	į			
	line 24e amount exceeds 10% of line 25, column	,			•
	(A) amount, list line 24e expenses on Schedule O)				
а	National fees and dues	75,636			
h	lfa diraa	4,985	<del></del>		
		70,583			<del> </del>
d	Campus activities misc	1,584			
-	All other expenses	1,504		· · · · · · · · · · · · · · · · · · ·	
e 25	All other expenses				<del></del>
25 26	Total functional expenses. Add lines 1 through 24e	770,091	0	0	0
40	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	Ì			
	from a combined educational campaign and	}			
	fundraising solicitation. Check here     if   following SOP 98-2 (ASC 958-720)	}			
	10110WITH 3UF 30-2 (A3U 330-720)	i			i

Form 990 (2014) Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter Part X Balance Sheet

		·Check if Schedule O contains a response or	note to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		29,862	1	142,776
	2	Savings and temporary cash investments .		88,194	2	88,282
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		426,860	4	392,444
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens			<del>-</del>	
		Complete Part II of Schedule L	F		5	
	6	Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary e				
Assets		organizations (see instructions). Complete Part II of Sche	F		6	
SS	7	Notes and loans receivable, net		0	7_	0
⋖	8	inventones for sale or use	· · · · · · · · · · · · · · · · · · ·		8	
	9	Prepaid expenses and deferred charges	,		9	
	10a	Land, buildings, and equipment: cost or	1 1 1			
		other basis Complete Part VI of Schedule D	10a 24,944			
	b	Less: accumulated depreciation .	10b 0	22,680		24,944
	11	Investments—publicly traded securities	F	0	11	0
	12	Investments—other securities See Part IV, line	<del>-</del>	0	12	0
	13	Investments—program-related See Part IV, line	· 11	0	13	0
	14	Intangible assets .	• • •	0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ		567,596		648,446
	17	Accounts payable and accrued expenses		29,421	17	13,383
	18	Grants payable		000 704	18	457.004
	19	Deferred revenue	392,791	19	457,394	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	F		21	
Liabilities	22	Loans and other payables to current and former	1			
Ē		trustees, key employees, highest compensated disqualified persons. Complete Part II of Sched				·
<u>.e</u>		Secured mortgages and notes payable to unrel		0	22	
	23 24	Unsecured notes and loans payable to unrelate	•	0	24	0
	25	Other liabilities (including federal income tax, pa	· ·	0		<u> </u>
	25	parties, and other liabilities not included on lines	·			
	1	·		67,965	25	67,657
	26	Total liabilities. Add lines 17 through 25	-	490,177	26	538,434
	-			400,177		000,101
8	ł	Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 at				
ဋ						
ala	27	Unrestricted net assets		77,419		110,012
8	28	Temporarily restricted net assets			28	
Ĕ	29	Permanently restricted net assets	<u></u> [		29	
Ē	1	Organizations that do not follow SFAS 117 (ASC958),	check here  and			
0		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Asi	31	Paid-in or capital surplus, or land, building, or e			31	
<u>e</u>	32	Retained earnings, endowment, accumulated in			32	
Z	33	Total net assets or fund balances		77,419		110,012
	34	Total liabilities and net assets/fund balances.	<u> </u>	567,596	34	648,446

Form 9	990 (2014) Lambda Chi Alpha Fratemity-Alpha Omicron Zeta Chapter	35-088	5603	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		802	,684
2	Total expenses (must equal Part IX, column (A), line 25)	2		770	,091
3	Revenue less expenses Subtract line 2 from line 1	3		32	,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77	,419
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod 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		110	,012
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· ·</u>	· [	
				Yes	No
1	Accounting method used to prepare the Form 990.		<i>(</i> 2, 1)	34	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				100
_	Schedule O.		المثناء		4,55(1)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	-1
	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:		27.78	. 3	4- 3
	X Separate basis		2.5		
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			*	
	separate basis, consolidated basis, or both		, ,		3. " 3
	Separate basis Consolidated basis Both consolidated and separate basis				ا، مجر ٪ لائم-۴+در
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			· ;	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		2170	- "	
	Schedule O.	ļ	, , ,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		26	- 1	

Form **990** (2014)

Schedu	ile D (Form 990) 2014 Lambda Chi Alpha Frate					35-0885			Page 2
Part	III Organizations Maintaining Col	llections of Art, H	istorical Tr	reasures, o	r Other	Similar Asse	ts (cor	tinue	d)
3	Using the organization's acquisition, access	sion, and other record	s, check any	of the follow	ing that a	re a significant			
	use of its collection items (check all that app	ply)							
а	Public exhibition	d	Loan	or exchange	program	5			
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's o	collections and explain	n how they fu	urther the ora	anization	's exempt purpo	se in		
	Part XIII	·	•			, , ,			
5	During the year, did the organization solicit	or receive donations	of art, histori	cal treasures	or other	simılar			
	assets to be sold to raise funds rather than						☐ Y	es	No
Part	IV Escrow and Custodial Arrange	ements.	·········			<u>-</u>			<u> </u>
	Complete if the organization ans		m 990. Pai	rt IV. line 9.	or repor	ted an amoun	t on Fo	rm	
	990, Part X, line 21				<b></b> .				
1a	Is the organization an agent, trustee, custoo	dian or other intermed	liary for cont	nbutions or o	ther asse	ets not			
	included on Form 990, Part X?		•				☐ <b>y</b>	es 🗀	No
b	If "Yes," explain the arrangement in Part XII						· · ·		,
_	,,,,,,,		g table	•	Γ		mount		
С	Beginning balance				1c	<del> </del>			0
ď	Additions during the year			·	1d	<del> </del>			
е	Distributions during the year				1e				
f	Ending balance				15	<del> </del>	-		0
2a	Did the organization include an amount on I					nt liability?	TV	s X	
						•	LJ "	*   <del> </del>	NO
b	If "Yes," explain the arrangement in Part XII	Check here if the e	xpianation na	as been provi	ded in Pa	aπ XIII .		<u>ليا</u>	
Part									
	Complete if the organization ans	······································	m 990, Pai						
	h	<del></del>	Prior year	(c) Two years	back (	d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0	0		0	(	)		
þ	Contributions .						<u> </u>		
C	Net investment earnings, gains,			ļ			i		
	and losses			]			<b>↓</b>		
d	Grants or scholarships		<del></del>				<u> </u>		
е	Other expenditures for facilities	ļ					1		
	and programs		······································						
f	Administrative expenses .								
g	End of year balance	0	0		0	(	<u> </u>		0
2	Provide the estimated percentage of the cui	rrent year end balanc	e (line 1g, co	olumn (a)) hel	d as <sup>.</sup>				
а	Board designated or quasi-endowment	<b>&gt;</b> %							
b	Permanent endowment	<u></u> %							
C	Temporarily restricted endowment	<u>%</u>							
	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held and adı	ministere	d for the			
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		wment fund	S					
Part									
	Complete if the organization ans	wered "Yes" to For	m 990, Par	t IV, line 11	a. See F	orm 990, Parl	X, line	10.	
	Description of property	(a) Cost or other basis	1 ' '	st or other		cumulated	(d) B	ook value	a
		(investment)	bası	s (other)	de <sub>l</sub>	preciation			
1a	Land		0	0					0
b	Buildings		0	0		0			0
C	Leasehold improvements		0	13,625		0		1	3,625
d	Equipment		0	0		0			0
<u>e</u>	Other	_L	_0	11,319		0			1,319
Total	Add lines 1a through 1e (Column (d) must	equal Form 990 Part	X column (	R) line 10c 1		<b>▶</b> !		2	A QAA

Part VII	Investments—Other Securities Complete if the organization an		0. Part IV line 11b. See Forn	n 990. Part X. line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	iluation
(1) Financial o	denvatives	0		
(2) Closely-he	eld equity interests	0		
(3) Other				
		····		
		···		
				<del></del>
(E)				
(F)			<u> </u>	
				<del> </del>
(H)				* 1 - 1/2 - 2/2
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate Complete if the organization and		0. Part IV. line 11c See Form	n 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	iluation
(1)		······································		· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<del></del>		
(8)				
(9)				·
	must equal Form 990, Part X, col. (B) line 13)	0	Landa to the state of the state	when the state of the same
Part IX	Other Assets.	1104 114		
	Complete if the organization an		U, Part IV, line 11d. See Forn	
	s)s	) Description		(b) Book value
(1)				
_(2)				
(3)		<del></del>		
(4)	<del></del>			<del></del>
(6)		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
(7)	<del> </del>			
(8)				<del></del>
(9)				<del></del>
	n (b) must equal Form 990, Part X, co.	(B) line 15)		(
Part X	Other Liabilities.			
	Complete if the organization an line 25.	swered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	<del>                                     </del>	
(1) Federal i	ncome taxes	0		
(2) Room de		67,657		
	rable House corp			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 25)	67,657		
	uncertain tax positions. In Part XIII, provid			
organization's	liability for uncertain tax positions under F	IN 48 (ASC 740). Check here i	if the text of the footnote has been p	provided in Part XIII

### **SCHEDULE 0** (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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