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Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ALPHA ETA CHAPTER HOUSE ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address): 320 WEST OLD WATSON ROAD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ST LOUIS, MO 63119

D Employer identification number: 36-3544326
E Telephone number: (314) 961-1963
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$124,617

Part 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 [X]

Table with 21 rows and 3 columns. Rows 1-9 are Revenue, 10-17 are Expenses, 18-21 are Net Assets. Includes sub-rows 5a-c, 6a-c, 7a-c.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed MO
42a The organization's books are in care of DAVID J NEIHART Telephone no (816) 968-6800
Located at 9105 DELMAR PRAIRIE VILLAGE, KS ZIP +4 66207

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here: Signature of officer (L ALAN JENKINS PRESIDENT) and Date (2015-09-22)

Paid Preparer Use Only: Print/Type preparer's name (DAVID B HAWKINS), Preparer's signature, Date, Check self-employed, PTIN (P00084879), Firm's name (RAETZ & HAWKINS PC CPAS), Firm's EIN (54-1298267), Firm's address (128 SOUTH RANDOLPH STREET, LEXINGTON, VA 244500916), Phone no (540) 463-7121

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

2014

**Open to Public
Inspection**

Name of the organization
ALPHA ETA CHAPTER HOUSE ASSOCIATION

Employer identification number

36-3544326

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 11
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INSURANCE PROCEEDS AMOUNT 4,606
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 16,593 DESCRIPTION OTHER EXPENSES AMOUNT 99,281 TOTAL TO FORM 990-EZ, LINE 14 115,874
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 16,770 DESCRIPTION SUPPLIES AMOUNT 490 DESCRIPTION TRAVEL AMOUNT 478 DESCRIPTION KEYS & LOCKS AMOUNT 637 DESCRIPTION CLEANING AMOUNT 4,464 DESCRIPTION CHAPTER SUPPORT AMOUNT 1,691 DESCRIPTION TAXES & LICENSES AMOUNT 40 TOTAL TO FORM 990-EZ, LINE 16 24,570
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION CONSTRUCTION IN PROGRESS BEG OF YEAR AMOUNT 13,300 END OF YEAR AMOUNT 10,050 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 210,381 END OF YEAR AMOUNT 233,770

**TY 2014 Transfers Personal Benefits
Contracts Declaration**

Name: ALPHA ETA CHAPTER HOUSE ASSOCIATION

EIN: 36-3544326

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.