



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

305 NORTH MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code

NEW WILMINGTON, PA 16142

D Employer identification number

25-1317759

E Telephone number

724-494-3045

F Group Exemption

Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization. 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 ▶ \$ 75,772.

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

SCANNED DEC 01 2016

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
				19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
2	Program service revenue including government fees and contracts	2		20	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	3		21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	4			
5a	Gross amount from sale of assets other than inventory	5a	0.		
b	Less: cost or other basis and sales expenses	5b	0.		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.		
b	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0.		
c	Less: direct expenses from gaming and fundraising events	6c	0.		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.		
7a	Gross sales of inventory, less returns and allowances	7a	0.		
b	Less: cost of goods sold	7b	0.		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.		
8	Other revenue (describe in Schedule O)	8	0.		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	75,772.		
10	Grants and similar amounts paid (list in Schedule O)	10	0.		
11	Benefits paid to or for members	11	0.		
12	Salaries, other compensation, and employee benefits	12	0.		
13	Professional fees and other payments to independent contractors	13	4,188.		
14	Occupancy, rent, utilities, and maintenance	14	30,414.		
15	Printing, publications, postage, and shipping	15	0.		
16	Other expenses (describe in Schedule O)	16	39,556.		
17	Total expenses. Add lines 10 through 16 ▶	17	74,159.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,613.		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	222,093.		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	223,707.		

RECEIVED
 NOV 22 2016
 893
 OSDEN, UT

P

23

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	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	46	<input checked="" type="checkbox"/>

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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

(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 ▶

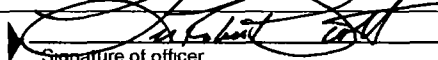
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ▶ Yes No

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		<i>November 13, 2016</i>
	LEE SCOTT, CHAIRMAN	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THETA CHI FRATERNITY ZETA-LAMBDA ALUMNI WESTMINSTER COLLEGE

Employer identification number

25-1317759

PART I... 16 Other expenses (describe in Schedule O) Line 16 Expenses Total \$39,556.

Chapter Dues and Fees \$37,354.

Chapter Operations \$2,202.

PART III... What is the organization's primary exempt purpose?

Zeta Lambda Alumni Corporation (ZLAC) is comprised of alumni from the Zeta Lambda Chapter of Theta Chi Fraternity at Westminster College. ZLAC serves the undergraduate chapter of the fraternity by being the landlord and ensuring the upkeep of the Chapter House. In addition to providing facility maintenance, ZLAC mentors and advises the undergraduate members by connecting them with alumni who can assist with career development. Lastly, ZLAC helps its alumni reconnect by sponsoring events that foster the feeling of brotherhood long after the members graduate from the college.