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OMB No 1545-0045

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)

**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](http://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, 20 16

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Kappa Chi Alpha</b>		<b>D</b> Employer identification number <b>74-2581685</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
	<b>One Bear Place #85638</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>Waco, TX 76798</b>		<b>F</b> Group Exemption Number ▶ <b>63-0476286</b>

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (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 ▶ \$ \_\_\_\_\_

## 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received																												95				
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																													38,345			
	4	Investment income																													66			
	5a	Gross amount from sale of assets other than inventory																																
	b	Less: cost or other basis and sales expenses																																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	6	Gaming and fundraising events																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																	
c	Less: direct expenses from gaming and fundraising events																																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																	
7a	Gross sales of inventory, less returns and allowances																															5,258		
b	Less: cost of goods sold																															9,051		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															(3,793)		
8	Other revenue (describe in Schedule O)																															2,670		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															37,382		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																														3,737		
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																5,667
	14	Occupancy, rent, utilities, and maintenance																															1,405	
	15	Printing, publications, postage, and shipping																															46	
	16	Other expenses (describe in Schedule O)																															36,590	
17	<b>Total expenses.</b> Add lines 10 through 16																															47,444		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																															(10,063)	
	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)																															(1,752)	
	20	Other changes in net assets or fund balances (explain in Schedule O)																																
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																																(11,814)

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For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2015)

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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

Form 990-EZ (2015) Part V Other Information. Questions 33-45a regarding significant activities, changes, income, and organizational details. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and descriptions.

	Yes	No
<b>46</b> 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 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
<b>47</b> 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	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

**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
none				

**f** Total number of other employees paid over \$100,000 ▶ none

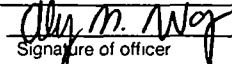
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ none

**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

<b>Sign Here</b>	▶  Signature of officer	Date
	▶ Alyssa Wojcik, Treasurer	10/24/17
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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