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DLN: 93493135068977

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{www\ IRS\ qov/form990}$ 

Open to Public Inspection

A F	or the	2015 ca		g 07-01-2015 , and ending 06-30-20	16			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization THETA CHI FRATERNITY - ALPHA RE	0		D Emplo	yer id	entification number
Address change  Name change  Initial return			UNIVERSITY OF WASHINGTON			91-0	43877	70
-		-	Doing business as					
F	nal		Number and street (or D.O. how if m	ail is not delivered to street address) Room/si	uto	E Teleph	one nu	mber
return/terminated Amended return Application pending			4535 17TH AVENUE NE	all is not delivered to street address) Roomyst	nte	(925	217-	7772
			City or town, state or province, cour SEATTLE, WA 98015	ntry, and ZIP or foreign postal code		6.000		+ FF4 00F
			F Name and address of princip	al officer			•	s \$ 554,095
			r Name and address of princip	al officer		s this a group subordinates? No		n for
 <b>I</b> Ta	x-exen	npt status	501(c)(3) <b>√</b> 501(c)(7) <b>◄</b>	(insert no ) 4947(a)(1) or 527		Are all subord ncluded?	ınates	⊤Yes 🗸 No
	ebsite	e:► WW	W UWTHETACHI COM			•		(see instructions)
K For	m of on	ganization	Corporation Trust Associa	tion 🗸 Other 🕨	<u> </u>	Group exemp of formation 1		ımber ► ¶ State of legal domicile
		-		aon     Calair			١	VA
Pa		Sum	mary scribe the organization's mission					
Governance	T	HETA CI HE PURI	HI FRATERNITY - ALPHA RHO	IS A LOCAL CHAPTER OF A NATIO HOUSING AND ACADEMIC & SOCIA				
Vem								
	2 (	Check th	is box ▶ ☐ if the organization di	scontinued its operations or disposed	of more th	nan 25% of it	s net a	assets
Activities &	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a)			з	4
Щe	4 1	Number	of independent voting members o	of the governing body (Part VI, line 1b)			4	3
Ç	5 1	Γotal nun	nber of individuals employed in c	alendar year 2015 (Part V , line 2a)			5	0
⋖	6 1	Γotal nun	nber of volunteers (estimate if no		6	45		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12							0
	b N	et unrela	ated business taxable income fro	m Form 990-T, line 34			7b	
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, li	ne 1 h)		535	,838	554,095
Ravenua	9	Progra	am service revenue (Part VIII, li	ne 2g)				0
ďΛċ	10	Invest	tment income (Part VIII, columr	(A), lines 3, 4, and 7d)				0
ď	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)			709	0
	12	Totalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), lir	ie	536	,547	554,095
	13	Grants	and similar amounts paid (Part	IX, column (A), lines 1-3)				0
	14	Benefi	ts paid to or for members (Part I	X, column (A), line 4)				0
(0	15			ee benefits (Part IX, column (A), lines				0
See		5-10)					-	
Expenses	16a		ssional fundraising fees (Part IX		+	0		
Δ	b		ndraising expenses (Part IX, column (D	F 4.0	717			
	17			lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)	•	548	-	558,815
	18 19			18 from line 12	-	548	,717	558,815
دو ه دو ه	15	Reven	de less expenses Subtract line	10 HOIII III   12   1   1   1   1   1   1   1   1		ing of Current		End of Year
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)			25	,058	20,338
ASG	21		liabilities (Part X, line 26)			25	,030	20,550
ž.Š.	22			Inne 21 from line 20	·	25	,058	20,338
	1111		ature Block					,
Unde my k	r pena nowled	alties of p	perjury, I declare that I have exa	amined this return, including accompain plete Declaration of preparer (other t				•
		****				2017-05-15		
Sigr		<b>Signa</b>	ature of officer			Date		
Her	e		NDON ZILLES Treasurer or print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Dai	4		AMUEL H GLUCK CPA	SAMUEL H GLUCK CPA		Check ✓ if self-employed	P002	31316
Paid		ا F	irm's name ► Goldberg Gluck & Asso	ciates CPAs LLP		Firm's EIN ▶		
	pare	;r   -	irm's address ▶ 950 Tower Ln Ste 110			Phone no (65	0) 349-	5678
USE	On	іУ	Foster City, CA 94404					
M 5.4.	.L. TD	6 4	s this return with the preparers	h h 2 / h 1		1		√Ves □No

Par	t IV Checklist of Required Schedules			
	<u> </u>		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  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	4		No
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, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	<b>11</b> f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

**Part** 

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**28**c

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35a

35b

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Yes

Form 990 (2015)

TV	Checklist of Required	l Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
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	No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

**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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		1			_
		Check if Schedule O contains a response or note to any line in this	Pait	v	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	ors and reportable	<b>1</b> c		No
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	0			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loyme	ent tax returns?	2b		No
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	ear?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	chedule O	3b		No
4a	over,	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye See in (FBAF	rs," enter the name of the foreign country ▶	and f	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			_		
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	es," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
	servic	ne organization receive a payment in excess of \$75 made partly as a contribution sees provided to the payor?			7a		
		es," did the organization notify the donor of the value of the goods or services pr			7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	· • .	which it was required to	<b>7</b> c		
		s," indicate the number of Forms 8282 filed during the year	7d				
		ne organization receive any funds, directly or indirectly, to pay premiums on a p			7e		
		ne organization, during the year, pay premiums, directly or indirectly, on a perso organization received a contribution of qualified intellectual property, did the oi			7f		
g	requir			ation me Form 6699 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did t	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness	holdings at any time	8		No
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667			9a		No
b	Dıd th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated po	erson?	9b		No
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club lies	10b		 		
11		on 501(c)(12) organizations. Enter					
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 I	ın Iıe	u of Form 1041?	12a		No
	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	e organization licensed to issue qualified health plans in more than one state? <b>N</b> oonal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		No
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	<b>13</b> c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ction 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 4			
	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 committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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 person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c		No
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b>15</b> a		Νo
b	Other officers or key employees of the organization	15b		Νo
	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 arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Vpon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ST FRATERNITY MANAGEMENT PO BOX 6688 MORAGA, CA 945706688 (925) 217-7772

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . .

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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

- 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
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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 organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)						from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BRANDON ZILLES Treasurer	0 50	×		x				0	0	ı
(2) JOSH BEAN President	0 50	×						0	0	ı
(3) RYAN WARZEL HOUSE MANAGER	0 50	×						0	0	1
(4) JEFFREY PINKSTAFF Vice President	0 50	х						0	0	ı

art VII	Section A. Officers, Directors, Tr	ustees, Key Employees, and Highes	t Compensated Employees (continued)

									1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
1b Sub-Total		٠	٠.	_	<del></del>	▶				
c Total from continuation sheet	s to Part VII, S	ection A	٠.		. '	. ▶				
d Total (add lines 1b and 1c) .	•					▶				
2 Total number of individuals (in	icluding but not	limited 1	o the	se I		d abov	e) wl	ho received more th	ian	

- \$100,000 of reportable compensation from the organization  $\triangleright$  0
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual . .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# 4 Νo 5 Νo

Yes

3

No

Νo

## Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

orm 99								Page <b>S</b>
Part V	ш	Statement o	f Revenue ule O contains a respor	ise or note to any lin	ne in this Dart VIII			
		eneck if Sened	are o contains a respon	ise of noce to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant	b	Membership du	es <b>1b</b>	554,095				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising eve	ents <b>1c</b>					
ar.	d	Related organiz	ations 1d					
imil	e	Government grants	s (contributions) <b>1e</b>					
tion er S	f	All other contribution	ons, gifts, grants, and <b>1f</b>		į			
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contribution	ons included in lines					
Cont and (	h	1a-1f \$  Total. Add lines	s 1a-1f		554,095			
				Business Code				
Program Service Revenue	2a			Business code				
£	b							
- J	С							
Serv	d							
an	e	All other progra	om carvica ravanua					
¥ogı	f		am service revenue					
	g 3		s 2a-2f ome (including dividend		0			
		and other simila	aramounts)	•	0			
	4 5		tment of tax-exempt bond p	proceeds P	0			
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c d	Gain or (loss)  Net gain or (los	s)		0			
enne		Gross income f events (not inc	rom fundraising					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
ē	b c		penses <b>b</b> (loss) from fundraising e	events -	0			
			rom gaming activities ie 19	venta p				
	ь	Less directex	a penses b					
			(loss) from gaming activ	vities	0			
	10a	Gross sales of	inventory, less	<u> </u>				
		returns and allo						
	b c	Less cost of go		entory ▶	0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	c d	All other reven	ue					
	e	Total. Add lines	ı		0			
	12	Total revenue.	See Instructions					
					554,095			I

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must	complete column	(A)
---	-----------------	-----

711 5 0	of (c)(3) and 301(c)(4) organizations must complete an columns. An other organizations must complete column (A)		
	Check if Schedule O contains a response or note to any line in this Part IX		

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign 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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)	-			
a	Management	0			
ь	Legal	0			
c	Accounting	4,838	4,838		
d	Lobbying	0	.,		
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)	750	750		
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	300,000	300,000		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	KITCHEN EXPENSES	123,152	123,152		
b	SOCIAL	55,743	55,743		
c	CHAPTER DUES AND FEES	23,151	23,151		
d	RISK MANAGEMENT	16,973	16,973		
е	All other expenses	34,208	34,208		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	558,815	558,815	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 9		•				Page <b>11</b>
Part	t X	Balance Sheet				_
		Check if Schedule O contains a response or note to any line in th	is Part X			· · · ·
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		25,058	1	20,338
Assets	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
	5	Loans and other receivables from current and former officers, d key employees, and highest compensated employees Complet Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)( contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instruction II of Schedule L	B), and n 501(c)(9)			0
	l _	No. 11			6	
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		<b>10</b> c	0
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV , line 11 $\cdot$ $\cdot$ $\cdot$			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34) .		25,058	16	20,338
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sche	edule D		21	
ities	22	Loans and other payables to current and former officers, directi key employees, highest compensated employees, and disqualit				
Net Assets or Fund Balances Liabilities Assets		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third partie	s		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ted third parties,			
					25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	<b></b> and complete			
	27	Unrestricted net assets		25,058	27	20,338
	28	Temporarily restricted net assets			28	
рц	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check he	ere ▶			
ō		complete lines 30 through 34.	1			
ets	30	Capital stock or trust principal, or current funds			30	
\$ \$ e'	31	Paid-in or capital surplus, or land, building or equipment fund			31	
t A	32	Retained earnings, endowment, accumulated income, or other f	unds		32	
Š	33	Total net assets or fund balances		25,058	33	20,338

20,338

Form **990** (2015)

25,058

34

Total liabilities and net assets/fund balances . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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or 990-EZ

c questions on ormation. ▶ 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

DLN: 93493135068977

Department of the

Internal Revenue

Name of the organization

THETA CHI FRATERNITY - ALPHA RHO UNIVERSITY OF WASHINGTON

Treasurv

Service

Employer identification number 91-0438770

### 990 Schedule O, Supplemental Information

Return Reference **Explanation** Form 990, Part VI, Line 11b THE ORGANIZATION'S FORM 990 IS PREPARED BY A CPA FIRM EXPERIENCED IN THE AREA OF NON-PROFIT TAXATION THE BOARD MAKES A CURSORY REVIEW OF THE RETURN TO MAKE SURE NO MATERIAL Form 990 Review Process OMISSIONS OR MISSTATEMENTS ARE MADE ON THE TAX RETURN BEFORE IT IS FILED ONCE APROVED. THE RETURN IS SIGNED BY AN AUTHORIZED AGENT AND FILED Form 990, Part VI, Line 19 DOCUMENTS AVAILABLE UPON REQUEST, WITHIN ONE WEEK OF REQUEST Other Organization Documents Publicly Available