Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2016

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. Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service 7/1/2016 6/30/2017 For the 2016 calendar year, or tax year beginning and ending C Name of organization Check if applicable Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter D Employer Identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 35-0885603 Name change O Box 502 E Telephone number Initial return City or town ZIP code Bloomington 47402 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 903.671 Amended return Gross receipts \$ 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? (527 If "No," attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or Tax-exempt status) < (insert no) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization Corporation Association Other ▶ L Year of formation State of legal domicili 1918 TICOLIVE Part I Summary Briefly describe the organization's mission or most significant activities Provide room and board to active chapter Governance MAR 2.6 2018 members while attending Indiana University if the organization discontinued its operations or disposed of more than 25% of its ne assets N UT Check this box ► 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 16 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 SCANNED **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0 Revenue Program service revenue (Part VIII, line 2g) 913,916 903,577 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 93 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 0 WAY Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 914.009 12 903.671 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 13 0 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 99.781 138,653 ۹ 16a Professional fundraising fees (Part IX, column (A), line 11e) OMETA Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 706,033 726,042 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 805.814 864,695 19 Revenue less expenses Subtract line 18 from line 12 108.195 38,976 Beginning of Current Year End of Year 20 833,175 Total assets (Part X, line 16) 879,939 21 Total liabilities (Part X, line 26) 614,968 622,756 Net assets or fund balances Subtract line 21 from line 20 257,183 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 preserver (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer

Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid 3/2/2018 self-employed Diana Holdman P01484431 Preparer Firm's name ► Greek Accounting Service Firm's EIN > 35-1874859 **Use Only** Firm's address ► 608 N CollegeAve, Bloomington, IN 47404 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4d	Other program services. (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0.)	
Aci	Other program convices (Describe in Schodule O.)		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
			- -
710	(Code) (Expenses #) (Neventum)		
4b	(Code) (Expenses \$ including grants of \$) (Revenu	 e \$	
	·		
			- -
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
	the total expenses, and revenue, if any, for each program service reported		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others,	1
4	Describe the organization's program service accomplishments for each of its three largest program services		
	If "Yes," describe these changes on Schedule O.	_	
•	services?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	If "Yes," describe these new services on Schedule O	Yes	X No
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[] v	₩ .
1	Briefly describe the organization's mission		
	Check if Schedule O contains a response or note to any line in this Part III		
	Int III Statement of Program Service Accomplishments		1 age 2
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Part	IV _	Checklist of Required Schedules
1		organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

- complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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 98-197 If "Yes," complete Schedule C.
- 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
- 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," complete Schedule D. Part III
- 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.
- 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
- 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
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI.
 - b 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.
 - c 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X.
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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

	Yes	No
2	}	X
<u> </u>	}	1
3	ļ	X
4		
5_		x
6_		x
7		x
8_	<u> </u>	<u> </u>
9		X
10		x
11a	х	
11b		X
11c		X
11d		Х
11e	Х	
11f		<u> </u>
12a		_X_
12b		_X_
13		X
14a		<u>X</u>
14b		Х
15		Х
16		X
17		Х
18		<u>X</u>
19		X
P	9907	

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Г
21	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Γ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	X
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? If "Yes," complete Schedule J	23	L	X
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	1 1		ĺ
	24b through 24d and complete Schedule K If "No," go to line 25a .	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		Ĺ
đ	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	-		ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		l
26	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	1 1		ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26	_	Х
27	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	i t		,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV .	28b]	_X
С	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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31]	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u>X</u>
33	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	}	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		- 7	
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		7	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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	1 1	j	
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		T	
	192 Note: All Form 990 filers are required to complete Schedule O	130	v l	

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Par	t 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			1	
	·				Yes	No
1a	Enter th	e number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a 2			
b		e number of Forms W-2G included in line 1a Enter -0- if not applicable.	1b 0			
С		organization comply with backup withholding rules for reportable payments to vendors and	reportable	1c	X	
0-		(gambling) winnings to prize winners?	' i	-16		
2a	Enter th	ne number of employees reported on Form W-3, Transmittal of Wage and Tax ents, filed for the calendar year ending with or within the year covered by this return	2a 16			Ì
b	If at least	st one is reported on line 2a, did the organization file all required federal employment tax re		2b	X	
	Note If	the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			$\overline{}$
3a		organization have unrelated business gross income of \$1,000 or more during the year?	. ,	3a		Х
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	le O	3b		
4a		ime during the calendar year, did the organization have an interest in, or a signature or other				
		financial account in a foreign country (such as a bank account, securities account, or other		- (ĺ
	account	t)?		4a		X
b		enter the name of the foreign country		.	j	ĺ
		tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	l Accounts			
_	(FBAR)		i			V
5a		e organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter trans to line 5a or 5b, did the organization file Form 8886-T?	action /	5c		- ^
c 6a		to line 5a or 5b, did the organization line Form 6666-17 he organization have annual gross receipts that are normally greater than \$100,000, and did	the	-00		
Va		ation solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b		did the organization include with every solicitation an express statement that such contribu	tions or			
_		ere not tax deductible?		6b		l
7		zations that may receive deductible contributions under section 170(c).	i		,	
а		organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			
	and ser	vices provided to the payor?		7a		X
b		' did the organization notify the donor of the value of the goods or services provided?		7b		
С		organization sell, exchange, or otherwise dispose of tangible personal property for which it	was	_	1	v
	•	d to file Form 8282? .	أاحما	7c		X
d		' indicate the number of Forms 8282 filed during the year . organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7d	7e		X
e		organization receive any lunds, directly of indirectly, to pay premiums on a personal benefit cor- organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor-		7f		X
f		ganization, during the year, pay premiums, directly of indirectly, on a personal benefit cor		7g		^
g h	If the or	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Form 1098-C?	7h		
8	Sponse	oring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the		,	
_		ring organization have excess business holdings at any time during the year?		8		
9	Sponse	oring organizations maintaining donor advised funds.				
а		sponsoring organization make any taxable distributions under section 4966?	Į	9a		
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?	į	9b		
10		n 501(c)(7) organizations. Enter	ا مدا		}	
а		n fees and capital contributions included on Part VIII, line 12	10a 0			ļ
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			l
11		n 501(c)(12) organizations. Enter.	11a]
a b		ncome from members or shareholders ncome from other sources (Do not net amounts due or paid to other sources	110			
D		amounts due or received from them)	11b			
12a	Section	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041?	12a		
b	If "Yes,	" enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the c	organization licensed to issue qualified health plans in more than one state?		13a	}	
		See the instructions for additional information the organization must report on Schedule O				
b		he amount of reserves the organization is required to maintain by the states in which	أاحما			Į
	_	anization is licensed to issue qualified health plans	13b			
C		he amount of reserves on hand .	13c	14a		X
14a h		organization receive any payments for indoor tanning services during the tax year? " has it filed a Form 720 to report these payments? If "No." provide an explanation in Sched	ule O	14a		

Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter 35-0885603

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Sect	ion A. Governing Body and Management				<u></u>					
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	1	1					
	If there are material differences in voting rights among members of the governing body, or		7,7		35.3					
	if the governing body delegated broad authority to an executive committee or similar		- }-	, sv.,	1					
	committee, explain in Schedule O			1, 7						
b	b Enter the number of voting members included in line 1a, above, who are independent 1b									
2										
	any other officer, director, trustee, or key employee?	•	2		X					
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	1	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		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?	100010	6	X	 ^					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint	1-	 ^ -	├					
	one or more members of the governing body?	арропп	7a	X	1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		10	 ^ -	}					
U		1	7.		Ì					
0	stockholders, or persons other than the governing body?		7b	X	├					
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	- 1		1					
_	the year by the following The governme heating		0-	 						
a	The governing body?.	•	8a	 X	 -					
b	Each committee with authority to act on behalf of the governing body?		8b	X	 					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached		1						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		19	ــــــــــــــــــــــــــــــــــــــ	L X					
Seci	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	Code		T					
40-	Did the examination have been shorters because a efficiency		40-	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 o		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	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- -	- 1 to	<u>.</u>					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could officers.		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,"	1	ŀ						
	describe in Schedule O how this was done		12c	X	L					
13	Did the organization have a written whistleblower policy?		13	<u> </u>	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	-	1.1	12.37						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	2	. `	, ,,, , , , , , , , , , , , , , , , , ,					
а	The organization's CEO, Executive Director, or top management official		15a		X					
b	Other officers or key employees of the organization .		15b	<u></u>	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)] t	,						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement		5 's	,					
	with a taxable entity during the year?		16a		Χ					
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,	juard	1	٠ .						
	the organization's exempt status with respect to such arrangements?		16b							
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► IN									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(c)(3	s onl	/)						
	available for public inspection. Indicate how you made these available. Check all that apply			•						
		plaın ın Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			d						
	financial statements available to the public during the tax year		••							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•							
	Greek Accounting Service	040 000 4040								
	608 N College Ave. Bloomington, IN 47404									

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Part VII	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year	
of compensati	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount tion. Enter -0- in columns (D), (E), and (F) if no compensation was paid	
 List the who received 	of the organization's current key employees, if any See instructions for definition of "key employee" organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations.	

- List all of the organization's **former** officers, key employees, and 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

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

(A) Name and Title]	box, office	unle: er an	Pos neck ss pe	erson	n of structure of the s	an	(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 related organizations
(1) Nichotas Sigos Michael Bogdon ou	IC2 15 00				Γ					
Treasurer	0 00	X		X						
(2) Dan Cummins	15 00									
President	0 00	Х	L	X	_					
(3)										
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(12)										
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(14)										

Form 990 (2016)

Part VII

	(A) Name and title	(B) Average hours per	box,	unle: er an	Pos eck s pe	rson	than of the thick the thic	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		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 related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)				} !		_					
(16)							 -				
(17)						_					
(18)											
(19)											
(20)				_				-			
(21)								-			
(22)											
(23)				_							
(25)											
1b	Sub-total				!		L	•	0	0	0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A		•				>	0	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) w 0	/ho	recei	ved	<u> </u>		
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r high	nest	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									ተ	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		vidual	5 X
	tion B. Independent Contractors										
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax
	(A) Name and business add	ress							(B) Description of serv	vices ((C) Compensation
											0
											<u>0</u> 0
								_			0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	_	ed to	tho	se li	ste	abo 0	ve)	who received		0

Part VIII	Statement	of Revenue

!		Check if Schedule O contains a response		,	(A)	(B)		<u> </u>
	nts	1a Federated campaigns	1	a n	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section
Contributions Give Contributions	Other Similar Amounts	b Membership dues		b 0	1		1	512-514
4	ž ž	c Fundraising events d Related organizations	1				1	
9		e Government grants (contributions)	1					1
į	9r S	f All other contributions, gifts, grants, and	10	e 0				1
Ę	ᅙ	similar amounts not included above	11				{	
ខិ	and	9 Woncash contributions included in lines 10.46	\$		1		1	j
_	-	h Total. Add lines 1a–1f	_ •				}	1
	Carami Service Kevenue	2a Room and Board		Business Code			 	
i	§	b	. .	721310	903,577			
		С			0			+
ě	8	d		ļ	0			
ğ		e		 	0			
Ž	?	f All other program service revenue		 	0			
	1;	grotal. Add lines 2a_2f		. •	0 903,577			
	}	3 Investment income (including dividends, inte other similar amounts)	erest,	and	903,377			
	4	 Income from investment of tax-exempt bond Royalties 		▶ _	94	1		
	5	5 Royalties	proc	eeds .	0			ļ
	١,	(i) Real		(II) Personal	0			
	1	6a Gross rents		()	ĺ			
		b Less rental expenses c Rental income or (loss)			j	1		The section of the se
		d Net rental income or (loss)	0	0	j]		
	7	7a Gross amount from sales of (i) Securitie			0			
	Ι.	assets other than inventory	0	(II) Other				
	'	b Less cost or other basis	-4			1	j	:
	Ι.	and sales expenses	ol	ol	1	1	ļ	ŀ
	1	d Net gain or (loss)	0	0	1	1		
		rot gant of (loss).		•				1
Jue	8a	a Gross income from fundraising	- 1					
.ve		events (not including \$				ł		-
۱ څې		of contributions reported on line 10)	- [İ	1		1	1.0
Other Reven	b	See Part IV, line 18	a			1	1	1
δ	c	ducct expellers	b [0		1	ļ	, page 4
- 1	9a	(loss) from fundraising events		>				
- /		See Part IV, line 19						
- 1	b	Less direct expenses	a	0	1	İ	ľ	
	C	Net income or (loss) from gaming activities	<u>ا</u> ا	0			l	i I
	10a	Closs sales of inventory less	[· · · · · · · · · · · · · · · · · · ·	0			
	ь	returns and allowances	.	_ 0	l			1
- }	c	Goot of goods sold		0		İ	ĺ	•
		Net income or (loss) from sales of inventory Miscellaneous Revenue		>				
1	1a		Bu	siness Code				
-	b		-		0			
	C	All	-		0			
- 1	d e	All other revenue Total. Add lines 11a-11d			0			
- 1		i Utali, A00 lines 11a_11a			0	<u> </u>		
12	2	Total revenue. See instructions.		. ▶	0	 -		

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in his Part IX Do not include amounts reported on lines 6b, 7b, 6, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A))
Do Not include amounts reported on mines 90, 10, 10 and 10 to 0 Part VIII. Grants and other assistance to domestic organizations domestic governments. See Part IV into 21 Grants and other assistance to domestic mindvulus See Part IV, into 22 Grants and other assistance to domestic individuals See Part IV, into 22 Grants and other assistance to foreign individuals See Part IV, into 22 Grants and other assistance to foreign individuals See Part IV, into 25 Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of individual social sediment under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(a) Person plan accrusis and contributions (include section 401() and 402() individuals (include section 401() and 402() an						
domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) Compensation not includued above, to disqualified persons (as defined under section 4958(f)(3)(8) Penson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) Other salaries and varges Penson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) Other semptoyee benefits Person services (non-employees) A management D	Do 1	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.		Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals See Part IV, line 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1					
Individuals See Part IV, line 22 0 0 0 0 0 0 0 0 0		•	<u> </u>		·	
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2]		,	,
organizations, foreign governments, and foreign individuals See Part IV, line 17 and 18 depends of current and several services and key employees of compensation of current officers, directors, trustees, and key employees of compensation not circuited debove, to disqualified persons (as defined under section 4958(c)(3)(B) of the complex of described in section 4958(c)(3)(B) of the complex of described in section 4958(c)(3)(B) of the complex of the complex of the compensation of the compensation of the complex of the compensation of the comp		•	0			
Individuals See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0	3	_]		ı	
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25 Total functional expenses. Add lines 1 through 24e 864,695 0 0 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		All -4b an average	 			
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 following SOP 98-2 (ASC 958-720)					 	-
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)			864,695	0		0
from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	26				ļ	
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)						
following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·	1			
					{	
Finite State (All Control of Cont		10110WILING 30P 30-2 (A3C 330-720)			<u> </u>	Form 990 (2016)

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 257,766 1 254,256 Cash—non-interest-bearing 88,338 2 88,382 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net . 459,594 4 504,017 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 ol Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 33.284 27,477 10c 33,284 10b **b** Less accumulated depreciation 11 11 Investments—publicly traded securities. ol 0 12 Investments—other securities See Part IV, line 11. 12 13 Investments-program-related See Part IV, line 11 ol 13 0 ol 14 0 14 Intangible assets 15 15 Other assets See Part IV, line 11 0 Total assets. Add lines 1 through 15 (must equal line 34) 833,175 879,939 16 16 17 17 Accounts payable and accrued expenses 36,245 23,859 18 Grants payable 18 507,721 19 524,167 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 0 Unsecured notes and loans payable to unrelated third parties ol 24 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 71.002 Part X of Schedule D 25 74,730 614,968 26 Total liabilities. Add lines 17 through 25 622,756 Organizations that follow SFAS 117 (ASC 958), check here | X | and Balances complete lines 27 through 29, and lines 33 and 34. 27 218,207 27 257,183 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Net Assets or Fund 29 Permanently restricted net assets ▶ and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 218,207 33 257,183 833,175 34 Total liabilities and net assets/fund balances 879,939

Form 9	990 (2016) Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter	3	5-0885603	Pag	ge 12
Part	Reconciliation of Net Assets			. <u>-</u>	
	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		903	3,671
2	Total expenses (must equal Part IX, column (A), line 25)	2		864	4,695
3	Revenue less expenses Subtract line 2 from line 1	3		38	8,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		218	3,207
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period 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		257	7,183
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990				7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 1 5 1	` .	
	Schedule O		, i - ż '	<u> </u>	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1		
	reviewed on a separate basis, consolidated basis, or both		1	^3, 7.	, ,
	X Separate basis Consolidated basis Both consolidated and separate basis				, [
b	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		, , ,	* * .	- i
	separate basis, consolidated basis, or both		17 / C.	1.7.	
	Separate basis Consolidated basis Both consolidated and separate basis		(1) (資 利))	1 4	13 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		7.5	35 - 34 - 7 - 3	. 4
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	i
	If the organization changed either its oversight process or selection process during the tax year, explain in			<u> </u>	
	Schedule O		i.	١.	
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				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	agn /	(2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

1441110	or the organization			Employer demandation namber				
Lamb	da Chi Alpha Fraternity-Alpha Omicron Zeta C			35-0885603				
Par	Organizations Maintaining Don							
	Complete if the organization answ	ered "Yes" on Form 990, Pa	art IV, line	6.				
		(a) Donor advised funds		(b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year) .							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year .							
5	Did the organization inform all donors and do	nor advisors in writing that the a	assets held	ın donor advised				
	funds are the organization's property, subject	to the organization's exclusive	legal contro	ol? Yes No				
6	Did the organization inform all grantees, done	ors, and donor advisors in writing	g that grant	funds can be				
	used only for charitable purposes and not for	the benefit of the donor or dono	or advisor, o	or for any other				
	purpose conferring impermissible private ber	efit?		Yes No				
Par	Conservation Easements.							
	Complete if the organization answ	ered "Yes" on Form 990. Pa	art IV. line	7.				
1	Purpose(s) of conservation easements held I							
	Preservation of land for public use (e.g., recr	· · · · · · · · · · · · · · · · · · ·		n of a historically important land area				
	Protection of natural habitat			n of a certified historic structure				
	=	L '	i reservation	i or a certified ristoric structure				
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization	ion neid a qualified conservation	n contributio					
_	easement on the last day of the tax year			Held at the End of the Tax Year				
a	Total number of conservation easements	am anta		2a				
b	Total acreage restricted by conservation ease Number of conservation easements on a cer		n (a)	2b				
c d	Number of conservation easements included			2c				
u	historic structure listed in the National Regist	• • •	iu noi on a	2d				
3	Number of conservation easements modified		shad or tor	_ 				
3	the tax year	, transferred, released, extinguis	sneu, or ten	filliated by the organization during				
4	Number of states where property subject to c	onservation easement is located	d >					
5	Does the organization have a written policy re			handling of				
Ŭ	violations, and enforcement of the conservati	· ·	, mapeodo.	Yes No				
6	Staff and volunteer hours devoted to monitoring,		nd enforcina					
-	>	,						
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and er	nforcing cons	servation easements during the year				
	▶ \$	3, 1, 3						
8	Does each conservation easement reported	on line 2(d) above satisfy the red	quirements	of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			. Yes No				
9	In Part XIII, describe how the organization re	oorts conservation easements in	ıts revenu	e and expense statement, and				
	balance sheet, and include, if applicable, the	text of the footnote to the organ	ızatıon's fina	ancial statements that describes				
	the organization's accounting for conservation							
Par								
	Complete if the organization answ	ered "Yes" on Form 990, Pa	art IV, line	8				
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to re	eport in its r	evenue statement and balance sheet				
	works of art, historical treasures, or other sim	ılar assets held for public exhibi	tion, educat	tion, or research in furtherance				
	of public service, provide, in Part XIII, the tex	of the footnote to its financial s	tatements t	hat describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet							
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance							
	of public service, provide the following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII,			▶ \$ _				
	(ii) Assets included in Form 990, Part X			▶ \$				
2	the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the							
	following amounts required to be reported un	der SFAS 116 (ASC 958) relatın	g to these if	tems				
a	Revenue included on Form 990, Part VIII, line	e 1		\$				
b	Assets included in Form 990, Part X			▶ \$				

Part	Organizations Maintaining	<u> Colle</u>	ections of A	<u>Art, Hist</u>	<u>orical Tr</u>	<u>easures, o</u>	r Other	<u> Similar Ass</u>	ets (cor	<u>itinue</u>	d)
3	·Using the organization's acquisition, ac	ccessio	on, and other	records,	check any	of the follow	ing that	are a significan	t use of it	:s	
	collection items (check all that apply)			-							
а	Public exhibition			d [Loan	or exchange	program	s			
b	Scholarly research e Other										
С	Preservation for future generation	ons									
4	Provide a description of the organization XIII	on's co	llections and	explain h	ow they fo	urther the org	anızatıor	n's exempt purp	ose in Pa	art	
5	During the year, did the organization so	olicit oi	r receive don	ations of a	art, histori	cal treasures	, or other	r sımılar			_
	assets to be sold to raise funds rather	than to	be maintain	ed as part	of the or	ganızation's d	collection	12	Y	es 🔃	No
Part	Complete if the organization 990, Part X, line 21			on Form	990, Pa	rt IV, line 9,	or repo	orted an amo	unt on F	orm	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								No		
b	If "Yes," explain the arrangement in Pa	ırt XIII a	and complete	e the follow	ving table						
_	O								Amount		
C C	Beginning balance Additions during the year	•	•			• •	1c	 			0
d e	Distributions during the year.		•			•	1e				
f	Ending balance		•				1f	 			0
2a	•	nt on Fo	orm 990 Pari	t X line 2	1 for escr	ow or custod		int liability?	T Y	es X	No
b											
Part			- CHECK HOLD	ii alo expi		<u> </u>		uit XIII			<u> </u>
rait	Complete if the organization	answ	ered "Yes"	on Form	990 Pa	rt IV line 10	1				
	Complete ii the organization		Current year	(b) Pro		(c) Two years		(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance		0		0	 	0	· · · · · · · · · · · · · · · · · · ·	0		0
b	Contributions .										
C	Net investment earnings, gains,										
	and losses							·			
d	Grants or scholarships								4		
е	Other expenditures for facilities	l					1				
	and programs										
f	Administrative expenses		0								
g 2	End of year balance 0 0 0 0 0 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as						0				
a	Board designated or quasi-endowment		>	%	ine ig, ce	mariir (a)) ne	iu us				
b	Permanent endowment	•	%								
С	Temporarily restricted endowment	>	%								
	The percentages on lines 2a, 2b, and 2	2c sho	uld equal 100)%							
3a	Are there endowment funds not in the	posses	ssion of the o	rganızatıo	n that are	held and ad	ministere	d for the	1		
	organization by									Yes	No_
	(i) unrelated organizations	•	•						3a(i)		
b	(ii) related organizations If "Yes" on line 3a(ii), are the related or		stione lietod a	e required	l on Sabo	dula P2		•	3a(ii) 3b		
4	Describe in Part XIII the intended uses	-		•					700	1	
Part				0,01140411	TOTAL TOTAL	<u> </u>	<u> </u>				
	Complete if the organization	-		on Form	990. Pa	rt IV, line 11	la. See	Form 990, Pa	art X. line	e 10	
	Description of property		(a) Cost or ot			st or other		ccumulated		ook value	
			(investm			s (other)	de	preciation			
1a	Land			0		0					0
þ	Buildings .	.		0		0		0			0
C	Leasehold improvements	}		0		13,625					
d	Equipment										
<u>e</u> Total	ther . 0 17,126 0 17,126 dd lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 33,284										
וסטי	. Aug illes la lilloudii le looidiiiii (d. i.	11436 66	2001 I UIII 33	U. I UILA	VUIUIIII II	J. IIII IV. I		- 1			J. Z 04

Schedule D (Form 990) 2016 Lambda Chi Alpha Fraternity-Alpha Omicron Zeta Chapter

35-0885603

Page 2

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O (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 Name of the organization

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

by/form990. Inspection
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	
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	
thereafter refrain from discussing or voting on such matters related to the conflict of	
ınterest	
Form 990, Part VI, Section C, Line 19 no documents available for public but can be upon	
request	
ii	