RETROACTIVE REINSTATEMENT

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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Chame of organization D Employer identification number		A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 201	8
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Number and street (or P.O. box I make is not delewed to street address) Room/Sunte E Telephone number 1981 15th Street					14-	6048771
Troy NY 12180 Troy NY Troy Troy NY Troy					iile E Telephone numb	per
Core from a deaderess of principal officer Noah Prisament 1881 this has a group return 1981 in this property 1981 15th St., Troy, NY 12180 170, 953 1881 this his has a group return 1981 in this property			Final return/		914	-346-1057
Troy, NY 12180			termin-	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts S	176,523.
The parameter of the property			Amende	Troy, NY 12180	H(a) Is this a group	return
The parameter of the property			_ltion	F Name and address of principal officer Noah Prisament	for subordinate	es? Yes X No
Website:			pending	1 1981 15th St., Troy, NY 12180	H(b) Are all subordinates	s included? Yes No
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Part. Summary 1 Bnefly describe the organization's mission or most significant activities Programs and support of members geared towards their educational and professional development.						
1 Binefly describe the organization's mission or most significant activities greated towards their educational and professional development.					ear of formation: 1981	M State of legal domicile; NY
The professional development. Comparison Comparison		Pa				
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Signature of officer Noah Prisament, Treasurer Type or print name and title Print/Type preparer's name Kenneth Habib Preparer Firm's name Kenneth J. Habib, An Accountancy Corp. Firm's address 700 S. Flower St. #3300 Los Angeles, CA 90017 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check X PTIN Print/Type preparer's name Firm's name Kenneth J. Habib, An Accountancy Corp. Firm's EIN 27-4436430 Phone no. (310) 873-1600				· · · · · ·		
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Paid Kenneth Habib Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Kenneth Habib Los Angeles, CA 90017 Kenneth Habib Los Angeles, CA 90017 Phone no. (310) 873-1600 X Yes No				1		
Preparer Use Only Los Angeles, CA 90017 May the IRS discuss this return with the preparer shown above? (see instructions) Firm's name Kenneth J. Habib, An Accountancy Corp. Firm's EIN 27-4436430 Phone no. (310) 873-1600 X Yes No					6 / 1/2 1	<u></u>
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LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2017) Theta of Chi Phi Part IV Checklist of Required Schedules

			res	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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ı	
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	H	-	<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
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		Х
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		Х
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		Х
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 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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	11c		<u> </u>
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	11d		<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	-	12b		X
13	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	13	\longrightarrow	X
14a		14a		X
	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		X
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19		<u>X</u>
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Form 990 (2017) Theta of Chi Phi 14-6048

Part IV Checklist of Required Schedules (continued)

	·		_Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ 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		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 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		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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 disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
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 entity or family member			х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		 ^
28	instructions for applicable filing thresholds, conditions, and exceptions)			į.
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	205		<u> </u>
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
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		X
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, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
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	<u> </u>	\vdash
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			🕶
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	Ì
	Note. All Form 330 illers are required to complete schedule o			(2017)
		1 01111		(-017)

Pa	<u>```</u>			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		50000000000000000000000000000000000000	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	46.30	1000	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		236	
	(gambling) winnings to prize winners?	1c	. S. C	700 84 1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		2000	1637.50
` p	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	er al a	A* 6\
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	No.	344.0	TÁN.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	š* .c. 5 .	X & A
b	If "Yes," enter the name of the foreign country		13 A 17 1	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>	<u> </u>	<u> </u>
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		х
	any contributions that were not tax deductible as charitable contributions?	6a_		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L.		
-	were not tax deductible?	6b	27 127	BACC (
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	×	مندعتاء	***************************************
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
·	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	0 20 00 00 00 00 00 00 00 00 00 00 00 00	7 (876)	C7 53
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	بالمتلات المتلات	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	¥.4.*	(%).	
	sponsoring organization have excess business holdings at any time during the year?	8	مكاميتيه	Telemont Tricking
9	Sponsoring organizations maintaining donor advised funds.	*****	1878),	8 8 ·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	हैं. हैं. हैं. 'ड	多於	1. 19.5° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10 •			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against ,			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 2/ 22	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	NA.	£8000	1200
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	C29 000	7 4
	Note. See the instructions for additional information the organization must report on Schedule O		17.6	\$ 15°0, 2
b	Enter the amount of reserves the organization is required to maintain by the states in which the			を行う
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	(Walk)		· Blake
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

	bid the process for determining compensation of the tenering persons include a remain and approvide a, independent	1	i
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	X
ь	Other officers or key employees of the organization	15b	X
	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?	16a	X
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?	16b	

	exempt states with respect to such analycinents:
Sec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)
19	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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Noah Prisament - 914-346-1057
	1981 15th St., Troy, NY 12180
73200	6 11-28-17 Form 990 (2017

Part VIII 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, 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Brian Sposato	2.00	ļ								
President	1 00			X		<u> </u>	_	0.	0.	0
(2) Jake Weingard	1.00	ł		v				0.	0.	0
Vice President (3) Carlos Salgado	1.00			X		┢		0.	0.	U
(5) Carlos Salgado Secretary	1.00	ł		x				0.	0.	0
(4) Brian Vivolo	1.00	 	\vdash			\vdash	\vdash	•	•	
Treasurer	1.00	1		x				0.	0.	0
	-	_	lacksquare			<u> </u>				
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	-	_								
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		-								
		-								
						 				
		\vdash	-							<u> </u>

732007 11-28-17

Form 990 (2017)

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Par	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
•	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average				ition			Reportable	Reportable	1	mate	h
		hours per					than d s both		compensation	compensation	1	ount (
		week					or/trus		from	from related	1	ther	· ·
		(list any	tor						the	organizations	comp		tion
		hours for	direc				l-		organization	(W-2/1099-MISC)	1	m the	
		related	50	Ste			sate		(W-2/1099-MISC)	(** = *********************************		nızatı	
		organizations	ruste	E I		, E	ia die		(,		_	relate	
		below	gal	iont	_	l gi	st co				organ		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.94		
			┝╧	-	-	×	===	┝			 	-	
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						L,	Щ						
1b	Sub-total							>	0.	0.			0.
С	Total from continuation sheets to Part VII	, Section A						•	0.	0.			0.
	Total (add lines 1b and 1c)	•							0.	0.	İ		0.
2	Total number of individuals (including but no	at limited to the	nea l	lietar	d ah	01/0	\ wb	^ ro			1		
_	· · · · · · · · · · · · · · · · · · ·	ot minited to the	036	nstet	J au	OVE	, ••••	016	ceived more man \$100,	boo of reportable			0
	compensation from the organization								.			⁄es	
_												es	No
3	Did the organization list any former officer,	director, or tru	stee	, ke	y en	nplo	yee,	or h	highest compensated en	nployee on	- -		
	line 1a? If "Yes," complete Schedule J for so	ıch ındıvıdual									3		<u>X</u>
4	For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from th	ne organization			
	and related organizations greater than \$150	,000? If "Yes.	" coi	mple	te S	che	dule	J fe	or such individual		4		X
5	Did any person listed on line 1a receive or a									ual for services			
_	rendered to the organization? If "Yes." com										5		X
Sec	tion B. Independent Contractors	olete Scriedule	/ / (II SU	CILL	<i>)</i> E/S(OII						
	· · · · · · · · · · · · · · · · · · ·							. 41.		100.000 (
1	Complete this table for your five highest cor	•	•							•	won tron	11	
	the organization. Report compensation for t	he calendar ye	ar e	ndin	g w	ith o	or wit	hin	the organization's tax ye	ear			
	(A)							- 1	(B)		(C)		
	Name and business	address	NC	NE	<u> </u>			_	Description of s	ervices	Compens	ation	<u> </u>
								- 1					
								寸					
								\dashv					
										İ			•
		·						\dashv					
													
2	Total number of independent contractors (in	icluding but no	at lur	nted	to t	hoe	e liet	ed	above) who received mo	re than			
-	\$100,000 of compensation from the organiz					0			abore, mile received me				1
	wroo,ooo or compensation from the organiz	audii									Form 9	<u> </u>	1017

732008 11-28-17

		Check if Schedule O cont	ains a respon	se or note to any lin	e in this Part VIII		_	
					(A) · Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ई व	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	176,523.				
S, g	¢	Fundraising events	1c					ne Statistics
業品	d	Related organizations	1d					
, <u>s</u>	е	Government grants (contributi	ions) 1e					100
E S	f	All other contributions, gifts, gran	its, and -					
置		similar amounts not included above	ve 1f					
	g	Noncash contributions included in lines	1a-1f \$		100			
ပ္အ	h	Total. Add lines 1a-1f		▶	176,523.			2/2/4/4/3/
1				Business Code				
8	2 a			_				
E S	b			_				
Š	С		~	_				ļ
Sev Jan	d			_				
Program Service Revenue	е			_				•
<u>~</u>		All other program service reve	enue	L		808608551.v. 1986v.19803e32.c8871	SZNOWYY, DIS RAWSE, SAN.	2010 CANON SAN SAN SAN SAN SAN SAN SAN SAN SAN SA
		Total. Add lines 2a-2f		<u> </u>		学の学生なる		2.45.25.25.2000.XXX
	3	Investment income (including	dividends, int	erest, and	`			str.
		other similar amounts)					-	<u> </u>
	4	Income from investment of tax	x-exempt bon	d proceeds			<u> </u>	
	5 ′	Royalties			\$ 56.00 00 40 40 40 40 40 40 40 40 40 40 40 4	Legisland Service Service of the In-	an deusemana teenakin	a 3 kan a a a a a a a a a a a a a a a a a a
			(ı) Real	(ii) Personal				
	•	Gross rents	ļ					# \$ A 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Less rental expenses						
		Rental income or (loss)				31224364		
		Net rental income or (loss)			In Facility Decharation Advantage and feet	ent Samueller and Artist on S	Control of the Contro	Estation New New Y
	7∘a	Gross amount from sales of	(i) Securitie	s (ii) Other				
		assets other than inventory	ļ	,				
	ď	Less. cost or other basis	1					
		and sales expenses						
		Gain or (loss)			2.00			
1		Net gain or (loss)			76/502/67-46-24/67-24/67-24/67-4/07	L'INNERANTE CONTRACTOR	STATEMENT OF THE STATEMENT	. 476 * 647 CHASE DOG - 300 A SE
9	8 a	Gross income from fundraising						
evenu		including \$	of '		100			
		contributions reported on line	1c). See					
Other R		Part IV, line 18		.a				
8		Less direct expenses		b[***************************************	
- 1		Net income or (loss) from fund	_	· -	244502000 PATRICULAN (C. E.		NAMED ROOM DESCRIPTION OF THE PARTY OF THE P	10000-10420-16-21-5500
	у а	Gross income from gaming ac	uvities. 5ee	<u> </u>				
	L	Part IV, line 19		a				
		Less direct expenses	una activitia-	b				
		Net income or (loss) from gam	-	· •				\$755.525° AND \$500
- 1	ıv a	Gross sales of inventory, less if and allowances	returns					
	L	Less cost of goods sold		a				
-		Net income or (loss) from sales	e of inventor:	b[**************************************	24.4
	<u>c</u>	Miscellaneous Revenue		Business Code				
┝	11 a	/	,	pusitiess Code				
	a			- [,			
	0		'	-		-		
	d	All other revenue		-				
	_	Total. Add lines 11a-11d		L	1			
	e 12	Total revenue. See instructions.			176,523.	0.	0.	0.
	14	TOTAL LEAGURE. DEC HISH DEHOLIS.			270,040.			Form 990 (2017

Form 990 (2017) Theta of Chi Phi Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a respon			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>		V25-3 - 5-7-702-70
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			建筑设置在40%以
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				传来源40多分长年 5号
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				2. 於學家就是《於沙學文法》
4	Benefits paid to or for members			學的學樣的學能就然變	经验验的证明的
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-		,	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		,		<u>'</u>
11	Fees for services (non-employees)				
а	Management				
b	Legal	•			
C	Accounting				
d	Lobbying		107814 AVI. MAR BINEFEST	THE STATE OF THE S	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) àmount, list line 11g expenses on Sch O.)	14 406	14 406		
12	Advertising and promotion	14,486. 16,659.	14,486. 16,659.		
13	Office expenses	10,039.	10,039.		
14	Information technology	· · · · · · · · · · · · · · · · · · ·			
15	Royalties	69,515.	69,515.		
16	Occupancy	09,313.	05,515.		
17	Travel		<u></u>		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	23,818.	23,818.		
20	Interest	23,020.			
21	Payments to affiliates	15,050.	15,050.		
22	Depreciation, depletion, and amortization				
<u></u>	Insurance	10,545.	10,545.		
24	Other expenses. Itemize expenses not covered		42.521.524		
	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	Property Taxes	26,187.	26,187.	-	
b			·		
c		v			
d				·	
	All other expenses		,		
25	Total functional expenses. Add lines 1 through 24e	176,260.	176,260.	` 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.			1	
	Check here rf following SOP 98-2 (ASC 958-720)				

ġ.,	- 	Charle of Sahadula O contains a response or not	to any line in this Bost V			
		Check if Schedule O contains a response or note	e to any line in this Part A	(A)	1	(B)
	•			Beginning of year		End of year
	1	Cash - non-interest-bearing		94,211.	1	94,474.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7007 do 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13	·	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		04 211	15	04 474
—	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	94,211.	16	94,474.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	Deat IV of Cohodula D		20	
	21	Escrow or custodial account liability Complete F Loans and other payables to current and former		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21	
Liabilities	22	key employees, highest compensated employees				
Įį į		Complete Part II of Schedule L.	s, and disqualmed persons.	***************************************	22	
Lia	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay		,		······································
		parties, and other liabilities not included on lines		,		
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 🔲 and		30°556 21. AC	PERMIT
ű		complete lines 27 through 29, and lines 33 and	1 34.			
ဥ	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets		<u> </u>	28	
d B	29	Permanently restricted net assets			29	
듄		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🗓			
o_		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or eq		0.	31	0.
<u>6</u>	32	Retained earnings, endowment, accumulated inc	come, or other funds	94,211.	32	94,474.
Z	33	Total net assets or fund balances		94,211.	33	94,474.
	34	Total liabilities and net assets/fund balances		94,211.	34	94,474.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 176 , 523 . 176 , 226 . 2 176 , 226 . 2 176 , 226 . 2 176 , 226 . 2 176 , 226 . 3 176 , 2		1990 (2017) Theta of Chi Phi	14-	6048771	Pag	e 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 176a, 260. 3 Revenue less expenses Subtract line 2 from line 1 3 263. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990 X Cash Accrual Other Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 1 Yes No 2 Yes No 1 Yes No 1 Yes No 2 Yes No 2 Yes No 2 Yes No 2 Yes No 2 Yes No 2 Yes No 2 Yes No 2 Yes No 3 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both. Separate basis Consolidated basis Both consolidated and separate basis 2 Yes Yo line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3 As a result of a federal a	Pa	rt XI Reconciliation of Net Assets						
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection Employer identification number

Theta of Chi Phi	14-6048771
Form 990, Part III, Line 1, Description of Organization Mi	ssion:
directly benefit the lives and long term success of our me	mbers.
Form 990, Part III, Line 4a, Program Service Accomplishmen	ts:
In addition, we provide social and community activities to	help develop
the social skills of our members and expand their impact i	n the
community.	
Form 990, Part VI, Section B, line 11b:	
The governing body is supplied the Form 990 and asked to s	ubmit comments to
the President. Upon request, a meeting is held if deemed n	ecessary to
review the form.	
Form 990, Part VI, Section C, Line 19:	
Governing documents, conflict of interest policy, and fina	ncial statements
are available to the public upon request.	