RETROACTIVE REINSTATEMENT

		_	Return of Organization Exempt From	Income Tax	OMB No 1545-0047
	Form	, 9 (2012
			tha Treasury 9/1/2 Do not enter social security numbers on this form as it ma	y be made public. [an]	Open to Public
	nterna	Reven			Inspection
				JUN 30, 2019	·
	3 Ch ap	eck if plicable	.	D Employer identifica	ation number
		Addres change Name	Ineta of Chi Phi	J 14 60	40771
	<u> </u>	change Initial		14-60	48//1
	-	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1981 15th Street	- 1	46-1057
		ireturn/ termin- ated		G Gross receipts \$	201,458.
	Г	Ameno		H(a) Is this a group reti	
		Application	F Name and address of principal officer Noah Prisament	for subordinates?	Yes X No
		pendin	9 1981 15th St., Troy, NY 12180	H(b) Are all subordinates incl	uded? Yes No
				if "No." attach a le	st. (see instructions)
			e: ► http://www.thetaofchiphi.org/	H(c) Group exemption	
5				ear of formation: 1981 M	State of legal domicile; NY
l	Pai	řt I	Summary	- 1	6 1
	ابو		Briefly describe the organization's mission or most significant activities. Programs		
	Governance		geared towards their educational and professi		· · · · · · · · · · · · · · · · · · ·
	E L		Check this box if the organization discontinued its operations or disposed of me	1 1	its.
	죓		Number of voting members of the governing body (Part VI, line 1a)	3	9
	8		Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary)	6	0
	ctivities &		Total unrelated business revenue from Part VIII, column (C), line 12	7a	. 0.
	٧		Net unrelated business taxable income from Form 990-T line 38		0.
	一		The same desired to the same to the same same same same same same same sam	Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	176,523.	201,458.
	Revenue		Program service revenue (Part VIII, line 2g)	0.	0.
	e e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	~	11	Other revenue (Part VIII, column (A), lines 5. 6d, 8c, 9c, 10c, and 11e)	0.	0.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,523.	201,458.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
2022	S		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	enses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
8	Ř		Total fundraising expenses (Part IX, column (D), line 25)	176 060	010 001
_	_ l		Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	176,260.	210,901.
MAR			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	176,260. 263.	210,901.
\geq	- 4	19	Revenue less expenses. Subtract line 18 from line 12 Received In Corre	Specianing of Current Vers	-9,443.
ANNED	Signal Si	20	Total assets (Part X, line 16) IRS - OSC 06	94,474.	End of Year 85,031.
Z	Net Assets Fund Ralauc		Total liabilities (Part X, line 26)	0.	0.
Z	<u>=</u>		Net assets or fund balances. Subtract line 21 from line 20 FEB 1 1 2021	94,474.	85,031.
S	Pa	rt II	Signature Block		
Š,	Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanding the plant state	ements, and to the best of my l	mowledge and belief, it is
			t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		•
			Month Arsennes	2/3/202	,
	Sıgn		Signature of officer	Date	
	Here	•	Noah Prisament, Treasurer		
			Type or print name and title	I Date Control	ET DIN
1	اد د د		Print/Type preparer's name Proparer's signature Proparer's signature	Date Check X	- 1
	Paid Prepa		Kenneth Habib Furtherman Kenneth J. Habib An Accountancy Con	Sumin Call a	
	Jse (Firm's name Kenneth J. Habib, An Accountancy Cor Firm's address 700 S. Flower St. #3300	P • Firm's EIN ▶	27-4436430
,	JUUL	····y	Los Angeles, CA 90017	Phone no / 31	.0) 873-1600
•	May	the IF	IS discuss this return with the preparer shown above? (see instructions)	Trinone no. (5 a	X Yes No

Form	990 (2018) Theta of Chi Phi	<u> 14-6048771</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	Our organization provides programs and support for the		
	development, academic success and general education of a	members.	
	Building up our members is an essential part of our dut:	ies as	
	brothers, as well as making sure that our fraternal act:	ivities	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	e mageured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
		ers, trie total expenses, a	uiQ
	revenue, if any, for each program service reported. (Code) (Expenses \$ 210,901. Including grants of \$) (Rev	enue \$ 201,	458.)
4a	(Code) (Expenses \$) (Rev Our organization provides facilities, networking and ot)		
	activities to resident and non-resident members. Our even		<u></u>
	activities are designed to teach members useful skills,		
	and professional, including study and tutoring skills,		
		risk manageme	ill
	skills and leadership skills.		
	Walter to the same and the same		
	We also host and sponsor many philanthropic and communi-		
	activities, raising funds for charitable causes like lo		
	kitchens and Habitat for Humanity. We also organize ever		
	members and non-members to volunteer for worthy charities	es and give b	ack_
	to the community.		
4b	(Code) (Expenses \$) (Rev	enue \$)
4c	(Code) (Expenses \$ Including grants of \$) (Rev	enue \$	<u> </u>
			
			
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 210,901.		
		Form	990 (2018)

Part IV	Checklist	of Req	uired :	Sched	ules

			_Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		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			
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			
_	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?	_		
40	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	40		v
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	1
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 1a		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<u> </u>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,		_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		_V
40	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? If "Yes,"			v
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		┝┷
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20 b		
21				v
	domestic government on Part IX, column (A), line 19 If "Yes." complete Schedule J. Parts I and II	21	لييا	X

Form 990 (2018) Theta of Chi Phi
Part IV Checklist of Required Schedules (continued)

			Yes	No
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
ωa	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	200		_
_	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."			
	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			
	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		<u>X</u>
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,			3.7
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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		
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			7.7
	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?		v	
Pai	Note. All Form 990 filers are required to complete Schedule O It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s]	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			i
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			,
	(gambling) winnings to prize winners?	1c		
832004	12-31-18	_	990	(2018)

	990 (2018) Theta of Chi Phi 14-604 The tale of Chi Phi 14-604 Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> 3771</u>	P	age 5
·L'ai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
		122448	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		360	
	filed for the calendar year ending with or within the year covered by this return		35.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3338	1000 m	DE TAN
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
	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			i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		200	类类
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		5.3. St	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	233	38.75	X3
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed duning the year		<u>ૡૻૺ</u> ૺૺૺૹૻ૽૽ૼ૽ૼ	(a) 3 0 3
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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	700 A	28%. 28%.	2,33,33
	sponsoring organization have excess business holdings at any time during the year?	8	-23-Manage	
9	Sponsoring organizations maintaining donor advised funds.		£	
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	(3,8,5)	400	1
а	Initiation fees and capital contributions included on Part VIII, line 12		35.5	8 12 g
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0		. XX	
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		£5,0	1.5.2
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ર ્જિસ્	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	282		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ĺ
	Note. See the instructions for additional information the organization must report on Schedule O		\$19\frac{1}{2}	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		1. S.	200
С	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O	1000	14. 2 m	
	•	Form	990	(2018)

Theta of Chi Phi 14-6048771 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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? 162 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? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Noah Prisament - 914-346-1057 1981 15th St., Troy, NY

832006 12-31-18

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 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)	(B)			(C	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	i than c	one	Reportable	Reportable	Estimated	
	hours per week	box offi	, unle: cer an	ss pe id a d	rson i irecto	s both r/trus	i an tee)	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	noyec I compensaled ee	Highest compensated employee	ı	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	ig i	Instit	Officer	Key e	Highe Page	Former			0.94.1124.10110	
(1) Daniel Celic	2.00		_	Ē	_			· ·			
President				X				0.	0.	0	
(2) John Owens	1.00										
Vice President				Х				0.	0.	0	
(3) Lucas Sheldon	1.00										
Secretary				X	_			0.	0.	0	
(4) Yashodhan Joshi	1.00										
Treasurer		_		X	_	Щ		0.	0.	0	
		\vdash		H	\vdash	H	<u> </u>				
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Form 990 (2018)

86.74	Acres Sec.	Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants lar Amounts	d	Membership dues Fundraising events	1a 1b 1c 1d	201,458.	The state of the s	ar i Mangeonijos Tagannias, Antoni	in annima ang a dinggan ng	deres Taghonloggigg 1. (Althoustoning
Contributions, Gif and Other Similar	e 1	Government grants (contribute All other contributions, gifts, gran similar amounts not included above	ts, and	dt Miles	All the state of t	minimum), pm, pm, pm, pm, pm, pm, pm, pm, pm, pm	Chain Chair	The second of th
ont nd C	, g		1a-1f \$		201,458.			
0 6	n	Total. Add lines 1a-1f	1	Business Code	LE NY ONE SOUTH A CONTRACT A PARTICLE IN			
ė	2 a				1			200.20
Program Service Revenue	b							
o Se	С							
Rev	d							
roç	e	All other program convey rave						
_		All other program service reve Total. Add lines 2a-2f	enue	•			962.689333183985	
_	3	Investment income (including	dividends, intere			4444 45 45 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	and variable realist	548-371-02-7801 3-27-7-25-4-X
		other similar amounts)		>			·	
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
		_ s	(ı) Real	(ii) Personal				
	6 a							
	b						10.00	
	c d							
		Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis						
		and sales expenses						
	C	, ,						
	d	• , ,			ANNERVER 11 ASE	8/3588/18/36/5/18/36/5/18/36/5/18/36/5/18/36/5/18/36/5/18/36/5/18/36/5/18/36/5/	Transaction passage	Maria de Cara
evenue	ва	Gross income from fundraising including \$contributions reported on line	of					
r Re		Part IV, line 18	, a					
Other	b	<u>.</u>	ь					
J	С	· · ·	-		John Japostinograph zahoo keeso c	***************************************	A SANTARATANA ON ANDRONANA NOTALIANA	Star a graduation on Color
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
		Less direct expenses Net income or (loss) from gam	b bertwitze nau					
		Gross sales of inventory, less			on management of the state of t			
		and allowances	а			Maria Ma	And Angular and Page Smith C	Anomaranja i Liga veral
اد	b	Less cost of goods sold	b					
	<u>c</u>	Net income or (loss) from sale	s of inventory				,	
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							•
	c d	All other revenue	· · · · · · · · · · · · · · · · · · · 		-			
	e		!	.				NOW PAR
	12	Total revenue. See instructions		•	201,458.	0.	0.	0.
83200	9 12-31	_				•		Form 990 (2018)

Form 990 (2018) Theta of Chi Phi Part X Statement of Functional Expenses

secu	on 501(c)(3) and 501(c)(4) organizations must comp			ripiete column (A)	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	<u> </u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				秦公司 公司公司
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)			۰	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	•	を記録が、文法の公理ができる。		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7,371.	7,371.		
13	Office expenses	19,413.	19,413.		
14	Information technology	 .	· · · · · · · · · · · · · · · · · · ·		
15	Royalties	50.400			
16	Occupancy	72,430.	72,430.		
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21 202	21 202		
19	Conferences, conventions, and meetings	31,392.	31,392.	<u> </u>	 _
20	Interest	27,590.	27,590.		
21	Payments to affiliates Depreciation, depletion, and amortization	41,350.	41,330.		
22	Insurance	12,054.	12,054.	·	·····
23	Other expenses. Itemize expenses not covered	12,054.			
24	above. (List miscellaneous expenses in line 24e. If linu				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Property Taxes	40,651.	40,651.	- The state of the	A STATE OF S
b	reperty ranes				
c					
d		-			
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	210,901.	210,901.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			,	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		L		

social vi		Check if Schedule O contains a response or note	to any line in this Part X			
		Orieda il Corrodalo O Corrigino a reciporissi di meta	red any mile in and rearry	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		94,474.	1	85,031.
1	2	Savings and temporary cash investments		2		
ì	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for	mer officers, directors,	75 P. T. W. T. C. 2 18 12		
		trustees, key employees, and highest compensat				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti				
s		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	,		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			.9	
	10a			从资源的产品的	%	
		basis Complete Part VI of Schedule D	10a			
	ь	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	1		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15	,	
	16	Total assets. Add lines 1 through 15 (must equa	94,474.	16	85,031.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former	officers, directors, trustees,	7.400 F. 1994		
iţie		key employees, highest compensated employees	s, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela-	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties	•	24	
	25	Other liabilities (including federal income tax, pay	ables to related third			•
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)				
S		complete lines 27 through 29, and lines 33 and	d 34.		9.00	
Š	27	Unrestricted net assets			_27	, , , , , , , , , , , , , , , , , , , ,
3ala	28	Temporarily restricted net assets			28	· · · · · · · · · · · · · · · · · · ·
ğ	29	Permanently restricted net assets	. [==]	To COST, COST OF MICHIGAN WAS ARRESTED FOR PROPERTY HIS	29	(1805, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1809, 1
Ē		Organizations that do not follow SFAS 117 (AS	SC 958), check here X			
Net Assets or Fund Balances		and complete lines 30 through 34.				<u> </u>
ets	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.
et	32	Retained earnings, endowment, accumulated inc	come, or other funds	94,474.	32	85,031.
Z	33	Total net assets or fund balances	•	94,474.	33	85,031.
	34	Total liabilities and net assets/fund balances		94,474.	34	85,031.

	1990 (2018) Theta of Chi Phi	14-	6048771	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	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			<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			01.
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94	. , 4	74.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
<u> </u>	column (B))	10	85	, 0	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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 reviewed	on a			
	separate basis, consolidated basis, or both				
	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 separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule 0.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				,
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	ıt I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		ĺ
			Form	990 ((2018)

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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Theta of Chi Phi

Employer identification number 14-6048771

Form 990, Part III, Line 1, Description of Organization Mission:
directly benefit the lives and long term success of our members.
Form 990, Part III, Line 4a, Program Service Accomplishments:
In addition, we provide social and community activities to help develop
the social skills of our members and expand their impact in the
community.
Form 990, Part VI, Section B, line 11b:
The governing body is supplied the Form 990 and asked to submit comments to
the President. Upon request, a meeting is held if deemed necessary to
review the form.
Form 990, Part VI, Section C, Line 19:
Governing documents, conflict of interest policy, and financial statements
are available to the public upon request.
