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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.	D Employer identification number 13-6266432	
	Number and street (or P O box if mail is not delivered to street address) 8741 FOUNDERS RD	Room/suite 	E Telephone number 317-872-8000
	City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46268	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group filing? Yes No

G Web site **WWW.LAMBDA CHI.ORG**

J Organization type (check only one) 501(c)(3) (Insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN **N/A**

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **1,496,001.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	765,581.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 735,887. noncash \$ 29,694.)			1d	765,581.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	58,598.
6a	Gross rents	6a			
6b	Less rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sale of assets other than inventory	(A) Securities	671,822.	8a	
b	Less cost or other basis and sales expenses		720,735.	8b	
c	Gain or (loss) (attach schedule)		<48,913.>	>8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1	8d	<48,913.>
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	775,266.
13	Program services (from line 2, column (B))			13	538,871.
14	Management and general (from line 4, column (C))			14	483,268.
15	Fundraising (from line 44, column (D))			15	273,372.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 15, column (A))			17	1,295,511.
18	Excess or deficit for the year (subtract line 17 from line 12)			18	<520,245.>
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,554,156.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	<3,105.>
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,030,806.

SCANNED DEC 09 2002

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$129,859 - noncash \$	129,859.	129,859.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	100,000.	0.	100,000.	0.
26 Other salaries and wages	186,309.		186,309.	
27 Pension plan contributions				
28 Other employee benefits	20,683.		20,683.	
29 Payroll taxes	31,740.		31,740.	
30 Professional fundraising fees	104,317.			104,317.
31 Accounting fees	14,792.		14,792.	
32 Legal fees	6,728.		6,728.	
33 Supplies	29,512.		7,502.	22,010.
34 Telephone	12,573.		12,573.	
35 Postage and shipping	47,355.		8,948.	38,407.
36 Occupancy	16,770.		16,770.	
37 Equipment rental and maintenance				
38 Printing and publications	42,562.		1,779.	40,783.
39 Travel	56,462.		11,946.	44,516.
40 Conferences conventions and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	2,639.		2,639.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,295,511.	538,871.	483,268.	273,372.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STMT # 12	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a SCHOLARSHIPS AWARDED TO MEMBERS ADHERING TO THE SELECTION CRITERIA AND FURTHERING THE EDUCATIONAL ENDEAVORS OF THE RECIPIENT. (Grants and allocations \$ 129,859.)	129,859.
b EDUCATIONAL PROGRAMS PROVIDED FOR GRADUATES AND ALUMNI IN LEADERSHIP AND DIVERSITY TRAINING AND EDUCATIONAL MAGAZINE ARTICLES ON ALCHOLISM, DRUGS, AND OTHER SOCIAL CONCERNS. (Grants and allocations \$)	332,769.
c LEADERSHIP AND MENTORING PROGRAM HELD FOR THE DEVELOPMENT OF STUDENTS AND ALUMNI. (Grants and allocations \$)	76,243.
d	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	538,871.

Part IV Balance Sheets

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash - non-interest-bearing		45	0.	
	46	Savings and temporary cash investments	122,939.	46	77,171.	
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b	47c		
	48 a	Pledges receivable	48a	108,287.		
	b	Less allowance for doubtful accounts	48b		48c	
				141,408.		
	49	Grants receivable		49	108,287.	
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53		
	54	Investments - securities STMT 4	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,223,087.	54	2,878,045.
	55 a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation	55b		55c		
56	Investments - other		56			
57 a	Land, buildings, and equipment basis STMT 10	57a	217,484.			
b	Less accumulated depreciation STMT 10	57b	4,178.	57c		
			215,945.			
58	Other assets (describe SEE STATEMENT 5)		39,462.	58	18,852.	
59	Total assets (add lines 45 through 58) (must equal line 74)		3,742,841.	59	3,295,661.	
Liabilities	60	Accounts payable and accrued expenses	14,004.	60	1,876.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b	200,000.	
	65	Other liabilities (describe SEE STATEMENT 6)		174,681.	65	62,979.
66	Total liabilities (add lines 60 through 65)		188,685.	66	264,855.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	2,850,420.	67	2,414,018.	
	68	Temporarily restricted	678,736.	68	591,788.	
	69	Permanently restricted	25,000.	69	25,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)		3,554,156.	73	3,030,806.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		3,742,841.	74	3,295,661.

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

LAMBDA CHI ALPHA EDUCATIONAL FOUND. INC.

Form 990 (2001)

13-6266432

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 8 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part II) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. section 4912 0. section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed INDIANA		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 6		
91	The books are in care of THOMAS A. HELMBOCK Telephone no 317-872-8000		
	Located at 8741 FOUNDERS RD, INDIANAPOLIS, IN ZIP + 4 46268		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note	Enter amounts and describe unless otherwise specified	Unrelated business income	Excluded by Section 513, 514, or 514	(E)
a				
b				
c				
d				
e				
f	Medicare/Medicaid payments			
g	Fees and contracts from government agencies			
94	Membership dues and assessments			
95	Interest on savings and temporary cash investments			
96	Dividends and interest from securities	14	58,598.	
97	Net rental income or (loss) from real estate			
a	debt-financed property			
b	not debt-financed property			
98	Net rental income or (loss) from personal property			
99	Other investment income			
100	Gain or (loss) from sales of assets other than inventory	14	<48,913.>	
101	Net income or (loss) from special events			
102	Gross profit or (loss) from sales of inventory			
103	Other revenue			
a				
b				
c				
d				
e				
104	Subtotal (add columns (B), (D) and (E))	0.	9,685.	0.
105	Total (add line 104 columns (B), (D) and (E))			9,685.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

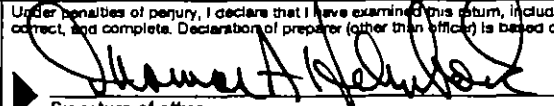
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  11-11-02 **THOMAS HEUMBOCK EXECUTIVE VP**
 Signature of officer Date Type or print name and title

Paid Preparer's Use Only: Preparer's signature  Date 11/13/02 Check if self-employed Preparer's SSN or PTIN 311-94-1270
 Firm's name (or yours if self-employed) address and ZIP + 4: **DELOITTE & TOUCHE LLP**
111 MONUMENT CIRCLE, SUITE 2000
INDIANAPOLIS, IN 46204-5108 EIN 13-3891517 Phone no (317) 464-8600

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.** Employer identification number **13 6266432**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) if there are none enter "None")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
ARIA COMMUNICATIONS 717 WEST SOUTH GERMAIN ST. ST. CLOUD, MN 56031	TELEMARKETING SERVICES	104,317.
Total number of others receiving over \$50 000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V.	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees? SEE STATEMENT 9	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)	(b) Line number from above
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)	
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)	
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)	
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)	
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____	
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A)	
11a <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	
12 <input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	
13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))	
Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)	

LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION,

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,224,426.	713,273.	1,232,894.	834,664.	4,005,257.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	77,313.	112,495.	92,640.	91,416.	373,864.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,301,739.	825,768.	1,325,534.	926,080.	4,379,121.
24 Line 23 minus line 17	1,301,739.	825,768.	1,325,534.	926,080.	4,379,121.
25 Enter 1% of line 23	13,017.	8,258.	13,255.	9,261.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 87,582.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 515,262.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 4,379,121.
d Add: Amounts from column (e) for lines 18 <u>373,864.</u> 19 <u> </u> 22 <u> </u> 26b <u>515,262.</u>					26d 889,126.
e Public support (line 26c minus line 26d total)					26e 3,489,995.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.6962%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): 27f N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation		

LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2001 INC.

13-6266432 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$1,750,000		
	Over \$1,750,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs government officials or a legislative body
- h Rallies, demonstrations, seminars conventions, speeches, lectures or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)	X	
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c	X	

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51BI	17,635.	LAMBDA CHI ALPHA PROPERTIES, INC.	FOUNDATION IS REIMBURSED FOR DESIGNATED SCHOLARSHIP.
			FRATERNITY IS REIMBURSED FOR ADMINISTRATIVE EXPENSES OF FOUNDATION.
51AI	737,136.	LAMBDA CHI ALPHA FRATERNITY	
51C			

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
LAMBDA CHI ALPHA FRATERNITY, INC.	501 (C) 7	COMMON MEMBERS AND DIRECTORS. FOUNDATION PROVIDES VARIOUS GRANTS TO MEMBERS.

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION,
INC.

Employer identification number

13-6266432

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.	Employer identification number 13-6266432
--	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>18,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>13,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>10,290.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization
LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.

Employer identification number
13-6266432

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 5,756.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization
LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.

Employer identification number
13-6266432

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION, INC.	Employer identification number 13-6266432
--	---

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	<u>100 SHARES IBM STOCK</u> <hr/> <hr/> <hr/>	\$ <u>10,290.</u>	<u>10/22/01</u>
9	<u>112 SHARES OF NORTHERN TRUST STOCK</u> <hr/> <hr/> <hr/>	\$ <u>5,756.</u>	<u>10/26/01</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

FORM 990 **GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	673,956.	722,870.	0.	<48,914.>
TOTAL TO FM 990, PART I, LN 8	673,956.	722,870.	0.	<48,914.>

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **2**

DESCRIPTION	AMOUNT
TERMINATION OF SPLIT INTEREST AGREEMENT	133,196.
UNREALIZED LOSS ON INVESTMENTS	<136,301.>
TOTAL TO FORM 990, PART I, LINE 20	<3,105.>

FORM 990 **OTHER EXPENSES** **STATEMENT** **3**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INVESTMENT FEES	32,700.		32,700.	
MISC. EXPENSE	45,311.		28,159.	17,152.
DONOR ANNUITY EXPENSE	6,187.			6,187.
EDUCATIONAL SCHOLARSHIPS	332,769.	332,769.		
JOSEPH T. CHARLES MENTORING PROGRAM	76,243.	76,243.		
TOTAL TO FM 990, LN 43	493,210.	409,012.	60,859.	23,339.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				2,878,045.	2,878,045.
TO 990, LN 54 COL B				2,878,045.	2,878,045.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
ACCRUED INVESTMENT INCOME	1,417.
DUE FROM LCAP	17,435.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	18,852.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	AMOUNT
DUE TO FRATERNITY	52,260.
DUE TO DONORS	10,719.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	62,979.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
TERMINATION OF SPLIT INTEREST AGREEMENT	133,196.
TOTAL TO FORM 990, PART IV-A	133,196.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 8

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

LAMBDA CHI ALPHA FRATERNITY, INC. AND LAMBDA CHI
ALPHA PROPERTIES, INC.

X

STMT # 9

Schedule A
Part III Line 4

The foundation determines recipients of grants based on a variety of criteria including academic background, involvement in outside activities, and other factors dependent on the type of grant

STMT 9
Lambda Chi Alpha Educational Foundation, Inc.
FEIN 13-6266432

STMT # 10
Part IV, Line 57

	<u>Gross</u>	<u>Accum Depr</u>	<u>Net</u>
Land	191,098	0	191,098
Furniture and Fixtures	26,386	-4,178	22,208
Totals	217,484	-4,178	213,306

STMT 10
Lambda Chi Alpha Educational Foundation, Inc
FEIN: 13-6266432

LAMBDA CHI ALPHA EDUCATIONAL
FOUNDATION, INC.

BOARD OF DIRECTORS

Updated August 23, 2002

EXECUTIVE COMMITTEE

PRESIDENT

Ronald A Neville 132-0723
3541 E Kingswood Drive
Springfield, MO 65809

VICE PRESIDENT

Joseph T Charles 094-0514
Charles Industries, Ltd
5600 Apollo Drive
Rolling Meadows, IL 60008

SECRETARY

Lawrence E Gloyd 137-0256
1734 Riverside Road
Belvidere, IL 61008

TREASURER

Jerre L Stead 141-0258
#674 Desert Highlands
10040 E Happy Valley Rd
Scottsdale, AZ 85255-2399

GRAND HIGH ALPHA

Ted Grossnickle
555 Industrial Drive, 2nd Floor
PO Box 576
Franklin, IN 46131

MEMBER-AT-LARGE

Rev S George Dirghalli 035-0270
131 Durston Avenue
Syracuse, NY 13203

STMT 11

Lambda Chi Alpha Educational Foundation, Inc.
FEIN: 13-6266432

DIRECTORS

Dick Anderson *166-0367*
3121 West Addison Dr
Alpharetta, GA 30022

Gregg Behrens *018-0552*
1321 Greenwood Avenue
Wilmette, IL 60091-1623

David L. Burch *111-1038*
3625 Tuxedo Road NW
Atlanta, GA 30305-1406

John R. Hand *015-0892*
PO Box 1204
Manchester Center, VT 05255-1204
Wayne Klasing *099-0637*
524 Thornhouse Crescent
New Lenox, IL 60451-1036
Phillip R. Love *036-0498*
4213 N Hickory Lane
Kansas City, MO 64116-1648

Don E. Marsh *068-0280*
Chairman, President & CEO
Marsh Supermarkets
9800 Crosspoint Blvd
Indianapolis, IN 46256-3350

Forrest D. McKerley *021-0587*
16 Auburn Street
Concord, NH 03301

Charles E. McKittrick, Jr
063-0375
4929 Rockwood Parkway NW
Washington, DC 20016

Vaughan McRae *061-1148*
1515 N State Street
Jackson, MS 39202-1646
Summer Address PO Box 299
Sewanee, TN 37375

Don N. Sherman *060-0374*
McClain Bank, N A

09/13/2002

PO Box 351
131 W Main
Purcell, OK 73080

Martin L Smith 086-0517
514 Lawndale
Woodstock, IL 60098

Kevin R Vasquez 181-0135
7990 Holyrood Court
Dublin, OH 43017-9700

Jeffrey D Witous 240-0070
PO Box 1757
Rancho Santa Fe, CA 92067

Street Address for express mail
6317 Lago Lindo
Rancho Santa Fe, CA 92067

STMT # 12

PART III

Statement of Organization's Exempt Purpose

To expend its income for designated educational, scientific, and charitable purposes through fellowships, etc

STMT 12

Lambda Chi Alpha Educational Foundation, Inc.

FEIN 13-6266432

STMT # 13

Part II, Line 42

Depreciation on Furniture and Fixtures	2,639
--	-------

STMT 13

Lambda Chi Alpha Educational Foundation, Inc.

FEIN: 13-6266432

Lambda Chi Alpha Educational Foundation, Inc.
 13-6266432
 Statement 13

Form 990, Part II, Line 22: Grants and Allocations

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Amount of Grant</u>	<u>Purpose</u>
Graham Heaton	203-250 Heath Sireet W	Toronto	ON	N7V 4E3 CANADA	6,750 00	Graduate Scholarship
Brent Jerome Morris	7997 Marsha Woods Drive	Memphis	TN	38125	3,500 00	Graduate Scholarship
Samuel Timothy Summers	1530 Krupp Cr	Reno	NV	89509	3,500 00	Undergraduate Scholarship
Alexander Joseph Davie	3226 Myra Sireet Apt K	Durham	NC	27707-3698	3,500 00	Graduate Scholarship
Andrew Latimer Greene	2340 Minor Ave E Apt 4	Seattle	WA	98102	3,500 00	Graduate Scholarship
Brandon Dean Robinson	3414 Wornack way	Manhattan	KS	66503-3415	3,500 00	Undergraduate Scholarship
Brandon Lee Williamson	1719 Douglas Lane	Lebanon	IN	46052	3,500 00	Undergraduate Scholarship
David Jason Magstadt	624 Shannon Rd	Ponca City	OK	74601	3,500 00	Graduate Scholarship
Dean Kenneth Fahiman	330 N 17th Street Apt #2	Manhattan	KS	66502	3,500 00	Graduate Scholarship
Jonathan David Tyburski	2059 Herrick Avenue	Feasterville	PA	19053	3,500 00	Undergraduate Scholarship
Shane Francis Foley	8741 Founders Road	Indianapolis	IN	46268	3,500 00	Undergraduate Scholarship
Thomas Jerome Duncan	225 Stanton Ave #1	Ames	IA	50014	3,500 00	Graduate Scholarship
Travis Lee Hogan	87 Second St	Franklin	NC	28734	3,500 00	Undergraduate Scholarship
Jason Richard Hartpence	11420 Condor Terrace	Oklahoma City	OK	73162	2,500 00	Undergraduate Scholarship
Matthew Curran Knauss	19801 NE 178th St	Woodinville	WA	98072-5908	2,500 00	Graduate Scholarship
Rajiv Sajjan Dhamdharika	1471 Lakeshore Circle	San Jose	CA	95131	2,500 00	Graduate Scholarship
Christopher Perry Carson	1500 Wildwood Ct	Plainfield	IN	46168-2394	2,500 00	Undergraduate Scholarship
Craig David Story	2401 Arlington Blvd #63	Charlottesville	VA	22903	2,500 00	Graduate Scholarship
Gregory Ryan Bader	310 W Sturbridge	Medina	OH	44256	2,500 00	Graduate Scholarship
Jason Matthew Smylie	8405 East Horizon Ave	Las Vegas	NV	89129	2,500 00	Undergraduate Scholarship
John Gabriel Housein	815 Claytor Square	Blacksburg	VA	24060	2,500 00	Graduate Scholarship
Joseph Allen Loy	unknown				2,500 00	Graduate Scholarship
Raymond Allen Lutzky	941 James St Apt 36	Syracuse	NY	13203	2,500 00	Undergraduate Scholarship
Stephen Francis Horvath	1321 Camelback Ct N E	Rochester	MN	55906	2,500 00	Undergraduate Scholarship
William Steven Foley	1009 Norman Court	Brandon	FL	33510	2,500 00	Undergraduate Scholarship
Michael Junkerman	821 E Cedar St	Olmstead	IL	62970	2,500 00	Undergraduate Scholarship
Jason Ford Castles	1728 Lawton Rd	Selmer	TN	38375	1,750 00	Undergraduate Scholarship
John Charles Cox	4915 Dancer Dr	Indianapolis	IN	46237-2176	1,750 00	Graduate Scholarship
Joshua Raines Patrick	308 A Craighead	Missoula	MT	59807	1,750 00	Graduate Scholarship
William Hunter Sage	2803 Hamphill Park B206	Austin	TX	78705	1,750 00	Graduate Scholarship

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Form 990, Part II, Line 22: Grants and Allocations

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>SI</u>	<u>Zip</u>	<u>Amount of Grant</u>	<u>Purpose</u>
James Chad Greene	151 Oakleaf Cir	Jefferson City	TN	37760-3960	1,750 00	Undergraduate Scholarship
Aaron Caywood Ball	2012 Edgewood Drive Apt B	Richmond	KY	40475	1,750 00	Undergraduate Scholarship
Barrett Douglas Kingsnter	3118 St Johns Dr	Dallas	TX	75205	1,750 00	Undergraduate Scholarship
Cory Jason Christofferson	1212 S 6th	Bozeman	MT	59715-5075	1,750 00	Undergraduate Scholarship
Eric Ryan Smead	2130 Bonnie Dr	Stevensville	MI	49127	1,750 00	Undergraduate Scholarship
Jonathan David Green	476 East Scenic Dr	Grand Junction	CO	81503	1,750 00	Undergraduate Scholarship
Mark Thomas Schless	160 Mt Vernon Ave	Waterbury	CT	6708	1,750 00	Undergraduate Scholarship
Michael Robert Shutley	4560 Strutfield Lane #1305	Alexandria	VA	22311	1,750 00	Graduate Scholarship
Nathan Fredrick Kleekamp	302 Fair St	Washington	MO	63090-1605	1,750 00	Graduate Scholarship
Norman John Castellano	4717 Southwest 57th Drive	Gainesville	FL	32608-3861	1,750 00	Graduate Scholarship
Robert John Hingula	5000 Clinton Parkway #709	Lawrence	KS	66047	1,750 00	Graduate Scholarship
Zakary Scott Hoffelt	715 E National	Vermillion	SD	57069	1,750 00	Graduate Scholarship
Samuel Nicholas Caprio	3530 Jefferson Commons Dr	Tampa	FL	33061	1,500 00	Undergraduate Scholarship
Brad Forrester	PO Box 1222	Murray	KY	42701	1,250 00	Graduate Scholarship
Brendan N Falco	17 Rosa Rd	Schenectady	NY	12308-2135	1,000 00	Undergraduate Scholarship
Paul Russette	968 Kings Way	Canton	MI	48188	1,000 00	Undergraduate Scholarship
William Rein	6001 Rosetta	Dearborn Heights	MI	48127	1,000 00	Undergraduate Scholarship
Trevor Jacob Tullius	2907 Cynthia Circle	Norman	OK	73072	800 00	Undergraduate Scholarship
Nathan Lee Bideaux	18688 Unger Ln	Grand Rapids	MN	55744-5267	800 00	Undergraduate Scholarship
Michael Adam Evans	24-S Fernwood Dr	Bolingbrook	IL	60440	800 00	Undergraduate Scholarship
Jason D Pilarz	45 June Road	Kenmore	NY	14217	800 00	Undergraduate Scholarship
William Gulas II	1996 Chandalar Ct	Pelham	AL	35126	750 00	Undergraduate Scholarship
James M Hand, Jr	2622 Swiss Lane	Vestavia Hills	AL	35226	750 00	Undergraduate Scholarship
Philip Hart	4709 Beaumont Dr	Valrico	FL	33594	659 00	Undergraduate Scholarship
Andrew David Baker	2641 S Lyons	Sioux City	IA	51106	600 00	Undergraduate Scholarship
Joshua Michael Hill	1140 Low Gap Road	OXR	AL	35763	600 00	Undergraduate Scholarship
Scott Charles Larson	3547 Las Palmas Ave	Glendale	CA	91208	600 00	Undergraduate Scholarship
Jon Paul Levesque	9 Stevens St	Lewiston	ME	04240-5652	600 00	Undergraduate Scholarship
Christopher Paul Russell	204 Longview Drive	Mingo Junction	OH	43938	600 00	Undergraduate Scholarship
Christopher Spencer Strelluf	705 Proctor Place	Independence	MO	64052-4002	500 00	Book Scholarship

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Form 990, Part II, Line 22: Grants and Allocations

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Amount of Grant</u>	<u>Purpose</u>
David Ryan Dunaway	13023 Creatwood Ct	Henderson	KY	42420	500 00	Book Scholarship
Keith Andrew Melker	6651 S Jamestown Place	Tulsa	OK	74136-2616	500 00	Book Scholarship
Osborn Emanuel Burke	8914 NE 109th Terr	Kansas City	MO	64157	500 00	Book Scholarship
Trevor Jacob Tullius	2907 Cynthia Circle	Norman	OK	73072	500 00	Book Scholarship
John R Otten	1086 Pineknot Drive	Cincinnati	OH	45238	500 00	Undergraduate Scholarship
Aaron Lee Peterman	890 Windy Ridge Drive	Corona	CA	92882-8926	250 00	Book Scholarship
Brandon Lee Williamson	1719 Douglas Lane	Lebanon	IN	46052	250 00	Book Scholarship
Hans Erskine Schmeisser	1350 Middleburg Hunt	Lawrenceville	GA	30043	250 00	Book Scholarship
Jason D Pilarz	45 June Road	Kenmore	NY	14217	250 00	Book Scholarship
Joseph Francis Kadlec	513 Kenilworth Avenue	Cherry Hill	NJ	8002	250 00	Book Scholarship
Matthew David Carlisle	2106 Morningside Dr	Jonesboro	AR	72404	250 00	Book Scholarship
Matthew Robert Crull	4811 Dexter	Casper	WY	82609	250 00	Book Scholarship
Michael Stephan Rhodes	5 Canon Place	Greenwood Village	CO	80111	250 00	Book Scholarship
Michael Wescott Meade	1816 Drury Lane	Oklahoma City	OK	73116	250 00	Book Scholarship
Phillip Jason Caposey	800 Buckboard	New Lenox	IL	60451	250 00	Book Scholarship
Ryan Blake Millsap	12332 Sycamore	Ottumwa	IA	52501	250 00	Book Scholarship
Stephen Francis Horvath	1321 Camelback Ct N E	Rochester	MN	55906	250 00	Book Scholarship
Timothy James Gallegly	4208 NW 148th	Oklahoma City	OK	73134	250 00	Book Scholarship
William Joseph Rein	6001 Rosetta	Dearborn Heights	MI	48127	250 00	Book Scholarship

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