



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
ALPHA CHI ALPHA FRATERNITY  

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
HINMAN BOX 5201 DARTMOUTH COLLEGE  

City or town, state or province, country, and ZIP or foreign postal code  
HANOVER, NH 03755

**D** Employer identification number  
02-0241594  
**E** Telephone number  
(516) 413-0315  
**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify)

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [WWW.ALPHACHIALPHA.ORG](http://WWW.ALPHACHIALPHA.ORG)

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)( 7) (Insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ 

\$ 68,766

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .						1	5,230
	2	Program service revenue including government fees and contracts . . . . .						2	4,309
	3	Membership dues and assessments . . . . .						3	56,646
	4	Investment income . . . . .						4	319
	5a	Gross amount from sale of assets other than inventory . . . . .				5a	2,262		2,262
	b	Less cost or other basis and sales expenses . . . . .				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .				5c			
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) .				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
	c	Less direct expenses from gaming and fundraising events . . . . .				6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	
	7a	Gross sales of inventory, less returns and allowances . . . . .				7a			
	b	Less cost of goods sold . . . . .				7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .						7c		
8	Other revenue (describe in Schedule O) . . . . .						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	68,766	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .						10	
	11	Benefits paid to or for members . . . . .						11	
	12	Salaries, other compensation, and employee benefits . . . . .						12	
	13	Professional fees and other payments to independent contractors . . . . .						13	1,864
	14	Occupancy, rent, utilities, and maintenance . . . . .						14	12,760
	15	Printing, publications, postage, and shipping . . . . .						15	
	16	Other expenses (describe in Schedule O) . . . . .						16	42,879
	17	Total expenses. Add lines 10 through 16						17	57,503
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .						18	11,263
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .						19	107,859
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .						20	-3,234
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	115,888

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	100,542	22	109,777
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	7,317	24	6,111
25 Total assets	107,859	25	115,888
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,859	27	115,888

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
THE JOINING TOGETHER OF MEN TO ENCOURAGE INDIVIDUALITY AND PERSONAL GROWTH THE NETWORK OF SUPPORT THAT THIS BROTHERHOOD PROVIDES SHALL EXTEND BEYOND THE IMMEDIATE MEMBERSHIP OF ALPHA CHI ALPHA TO THE BROADER DARTMOUTH COMMUNITY SPECIFIC GOALS OF THE BROTHERHOOD ARE A THE GOAL OF SCHOLARSHIP SHALL BE TO ENCOURAGE INTELLECTUAL CURIOSITY AND TO STRIVE FOR ACADEMIC EXCELLENCE B THE GOAL OF SERVICE SHALL BE TO REACH OUT TO THE LOCAL COMMUNITY THROUGH VARIOUS PROJECTS ON INDIVIDUAL AS WELL AS ON A GROUP LEVEL C THE GOALS OF CULTURE AND SOCIAL WELFARE SHALL BE TO STRIVE FOR DIVERSITY AND TO PROVIDE A WIDE ARRAY OF PROGRAMMING EVENTS AND ACTIVITIES IN CONJUNCTION WITH OTHER ORGANIZATIONS ON THIS CAMPUS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

COLLEGE FRATERNITY - PERSONAL GROWTH OF THE FRATERNITY'S BROTHERS AND A POSITIVE ENVIRONMENT FOR THE TRADITIONS AND IDEALS OF DARTMOUTH COLLEGE AND OF THE

28 BROTHERHOOD

(Grants \$ 2,400)

If this amount includes foreign grants, check here

29

(Grants \$ )

If this amount includes foreign grants, check here

30

(Grants \$ )

If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O )

(Grants \$ )

If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others )

28a

55,101

29a

30a

31a

32

55,101

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC ) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AARON LEWIN PRESIDENT	10 00	0	0	0
JOSHUA PEARL TREASURER	4 00	0	0	0
CANNON WILLE HOUSE MANAGER	6 00	0	0	0
SPENCER BLAIR VICE PRESIDENT	2 00	0	0	0

Form990-EZ(2015)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
39	Section 501(c)(7) organizations Enter <b>39a</b> 0		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 0		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <b>40b</b>		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . . <b>40e</b>		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> NH		
42a	The organization's books are in care of <input type="checkbox"/> JOSHUA PEARL TREASURER Telephone no <input type="checkbox"/> (516) 413-0315 Located at <input type="checkbox"/> HINMAN BOX 5201 DARTMOUTH COLLEGE HANOVER, NH ZIP + 4 <input type="checkbox"/> 03755		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44a</b>		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44b</b>		No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . . <b>44c</b>		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>44d</b>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . <b>45a</b>		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . . <b>45b</b>		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		
		46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
47	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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

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.

Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2016-04-27</div> <div>Date</div>				
	<div>JOSHUA PEARL TREASURER</div> <div>Type or print name and title</div>						
Paid Preparer Use Only	Prnt/Type preparer's name JOSHUA J GAGNE		Preparer's signature		Date 2016-04-20	Check <input type="checkbox"/> if self-employed	PTIN P01278157
	Firm's name ▶ TYLER SIMMS & ST SAUVEUR CPA PC					Firm's EIN ▶ 02-0476956	
	Firm's address ▶ 19 MORGAN DRIVE LEBANON, NH 03766					Phone no (603) 653-0044	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

## TY 2015 Transfers Personal Benefits Contracts Declaration

**Name:** ALPHA CHI ALPHA FRATERNITY

**EIN:** 02-0241594

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ALPHA CHI ALPHA FRATERNITY	Employer identification number  02-0241594
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND INCOME AMOUNT 319
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 1,206 DESCRIPTION OTHER EXPENSES AMOUNT 11,554 TOTAL TO FORM 990-EZ, LINE 14 12,760
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 312 DESCRIPTION DUES AMOUNT 1,960 DESCRIPTION HOUSEHOLD SE FUNCTIONS AMOUNT 20,492 DESCRIPTION HOUSE SUPPLIES AMOUNT 7,563 DESCRIPTION OTHER PERSONAL FUNCTIONS AMOUNT 10,627 DESCRIPTION JOCKWEAR EXPENSES AMOUNT 1,104 DESCRIPTION CHARITABLE AMOUNT 569 DESCRIPTION OFFICE SUPPLIES AMOUNT 252 TOTAL TO FORM 990-EZ, LINE 16 42,879
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED DEPRECIATION ON INVESTMENTS AMOUNT -3,234
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 7,317 END OF YEAR AMOUNT 6,111