

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

4	For the 20)17 cale	ndar year, or tax ye:	ar beginning			, 2017	, and endi	ng			, 20			
В	Check if ap	plicable	C Name of organization	CHI PHI HO	LDING CO	DRPORATIO	N OF RHO	DE ISLAN	D, INC	D	Employe	er identification r	number		
	Address ch	ange	Doing business as									05-0423705			
	Name chan	ge	Number and street (o	rPO box if ma	ıl ıs not del	ivered to stree	t address)	Room/s	uite	E.	Telephor	ne number			
	Initial return	,	P O BOX 40817							<u>_</u>		4013513522			
	Final return/t	erminated	City or town, state or	province, coun	try, and ZIP	or foreign po	stal code								
	Amended re	eturn	PROVIDENCE, RI 0	2940						G	Gross re	ceipts \$			
	Application	pending	F Name and address of	f principal office	r DOUG	GLAS C. BE	NNET		الا الا	a) Is this a group	is a group return for subordinates? Yes No				
	• •		PO BOX 40817 PRO					*	- • •			s included? 🔲 Ye			
	Tax-exemp	t status	501(c)(3)	√ 501(c) ((insert no)	4947(a)(1) o	or 🔲 527	7	If "No,"	attach a	list (see instructi	ons)		
J	Website: ▶	_		<u> </u>		,			H	(c) Group exe	emption	number >			
K			✓ Corporation ☐ Trus	t Associat	tion Oth	ner ▶	L	Year of forma	ation	1985	M State	of legal domicile	RI		
		Summ					1								
			escribe the organiz	ation's missi	on or mo	st significa	int activitie	es. TO PF	ROVID	E AND MA	INTAIN	FRATERNITY	HOUSE		
ø			BENEFIT OF UNDE												
Activities & Governance		HODE IS		KOKADOATI			<u> </u>	Will Elite							
E.			is box ▶☐ if the o	rganization (discontin	ued its ope	rations or	disposed	of mo	ore than 2	5% of	its net assets.			
Š	1		of voting members	-							3		4		
95 95	1		of independent vot	-	-						4		4		
es	1		nber of individuals	-	_				, .	•	5		<u>,</u>		
Σ			nber of volunteers				(1 011 0, 1	בע,	•	•	6				
Ç			elated business re	-			 12 مميل				7a		0		
`			lated business taxa					<u> </u>		•	7b		14119		
	<u> </u>	et unite	ated business taxt	able income	1011114	111 0301 001	PALA T	~~		Prior Year	1.0	Current \			
	8 C	ontribu	tions and grants (P	Part VIII line	1h)	E 7101	4 A	18			0		0		
Revenue	1		service revenue (P		20)	NOV	19 20	18 Ö			77917		0		
	1	•	•		-3/			8							
æ			ent income (Part VIII				7558 #1A	≟ ا			37		37		
			venue (Part VIII, col								3893		14119		
_			enue-add lines 8 t					, 1110-1-2)			81847		14156		
	1		nd similar amounts					•			0		0		
	1		paid to or for mem	· ·							0		0		
Expenses	1		other compensation								. 0		0		
eŭ			onal fundraising fee								0		0		
Š			draising expenses												
_	1		penses (Part IX, co								9734		2782		
			penses Add lines 1		•		nn (A), line	25) .			9734		2782		
		evenue	less expenses. Su	ibtract line 1	8 from III	ne 12		· ·	Danie	C	72113	End of Y	11374		
Net Assets or									begini	ning of Curre					
Set	20 T		sets (Part X, line 16	•							922384		1861668		
E A	21 T		oilities (Part X, line 2	•							309314		1237224		
			ts or fund balance	s. Subtract li	ine 21 fro	m line 20	•	<u> </u>	ļ		<u> 513070</u>		624444		
	art II		ture Block												
Ur	nder penaltie	es of perju	ıry, I declare that I have lete Declaration of prep	examined this r	eturn, inclu officer) is b	iding accompa	anying sched formation of	lules and stat which prepar	tements er has a	s, and to the any knowled:	best of r	my knowledge ar	id belief, it is		
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HE	ere		· Day	(4) 	10G	Mr.	<u>-/1 (9</u>	10,6				<u> </u>			
_		<u> </u>	e or print name and title		l Oron	a a a a a a a a a a a a a a a a a a a		· · · · · · · · · · · · · · · · · · ·	Doto			PTIN			
Pa	aid	Print/Ty	pe preparer's name		Preparer's	signature		'	Date		Check	□ If			
Pr	eparer	<u></u>			L						self-em	pioyed			
	se Only	Firm's	name 🕨	_						Firm's	EIN ►				
		Firm's	address >							Phone	no				
Ma	ay the IRS	discus	s this return with the	ne preparer s	shown at	oove? (see	instruction	ns)	•	<u> </u>		<u> Y</u> e			
Fo	r Paperwo	rk Redu	ction Act Notice, se	e the separa	te instruc	ctions.		Cat	No 11	282Y		Form	990 (2017)		

		- 0
	m 990 (2017)	Page 2
Part	Statement of Program Service Accomplishments	
		<u> </u>
'	Briefly describe the organization's mission.	NE TUE CUI DUI
	TO PROVIDE AND MAINTAIN FRATERNITY HOUSE FOR THE BENEFIT OF UNDERGRADUATE MEMBERS OF THE PARTY ON THE CAMPUS OF THE UNIVERSITY OF PHODE ISLAND.	
	FRATERNITY ON THE CAMPUS OF THE UNIVERSITY OF RHODE ISLAND.	
2	2 Did the organization undertake any significant program services during the year which were not liste	d on the
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3		program
	services?	
	If "Yes," describe these changes on Schedule O	
4	•	services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported	
42	4a (Code:) (Expenses \$including grants of \$) (Revenue \$	
та		
	OPERATION OF A COLLEGE FRATERNITY HOUSE ON THE CAMPUS OF URI THE CHI PHI FRATERNITY (FROM CAMPUS FOR A PERIOD OF 4 YEARS AT THE END OF 2015 UNTIL THEY ARE ALLOWED TO RETL	
	PHI HOLDING CORPORATION OF RHODE ISLAND WILL BE RENTING THE FRATERNITY HOUSE TO STUD	
	THAT ARE MEMBERS OF THE KAPPA DELTA SORORITY.	LINIS ATTENUING UKI
	THAT ARE WICHIDERS OF THE RAPPA DELTA SURURITY.	

4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Code / (Liperioce # / (Note that #	/
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	•••••••••••••••••••••••••••••••••••••••	
	A - (Onder) (Course)	
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$))
		•••••
		
	•	
		
4d	7 - 3	
	(Expenses \$ including grants of \$) (Revenue \$)	···-
4e	4e Total program service expenses ▶	

Form 99	0 (2017)		<u> </u>	age 3
Part I	V Checklist of Required Schedules			
,	1 11	"	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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			
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 Control of the control o	5, 5, 5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donor have the right to provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I	f 6		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, c debt negotiation services? If "Yes," complete Schedule D, Part IV.	or 9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricte endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	d 10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V VII, VIII, IX, or X as applicable.	1,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part VI"	" 11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mor of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	s 11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12 a				1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	If		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	1
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.	g, :e 14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to of for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	or 15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	_ 		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			- 004	3 (001)

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Part l	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	√
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 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		1
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		/
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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	✓
		For	m 99 0) (2017

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>						
-			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
_	reportable gaming (gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			!					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			<u>-</u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	20							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u></u>						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		•						
14	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?								
b	If "Yes," enter the name of the foreign country. ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓					
С	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		✓					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b							
7	gifts were not tax deductible?	OD							
7 a	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							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u> </u>						
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		ļ					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ					
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 sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
,э a	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		1					
10	Section 501(c)(7) organizations. Enter:			1					
а	Initiation fees and capital contributions included on Part VIII, line 12	Į							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]								
11	Section 501(c)(12) organizations. Enter:			1					
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)	120							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a	 	+					
b 12		1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		+-					
а	Note. See the instructions for additional information the organization must report on Schedule O	· · · · ·	T	† · –					
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1						
_	the organization is licensed to issue qualified health plans]							
С	Enter the amount of reserves on hand	<u> </u>							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1					
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1					

j

Part		and f	or a	"No"
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	• •	✓
Section	on 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 1a 4			i
10	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.			j
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4			
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?			 -
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
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 more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a_		
	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.			
а	The governing body?	8a_	✓	ļ.,
þ	Each committee with authority to act on behalf of the governing body?	_8b_		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	•
			Yes	No
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,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		V
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ť
С	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		/
14 15	Did the organization have a written document retention and destruction policy?	14		✓
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	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			<u> </u> -
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretations and interpretations of the conflict of interpretation of the conflict of interpretation.	erest	polic	v. and
13	financial statements available to the public during the tax year.		J-5110	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	THE ORGANIZATION - 401-351-3522 PO BOX 40817, PROVIDENCE, RI 02940			

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Form	$\alpha\alpha\alpha$	/2711	7
POINT	990	(2U I	1

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ated any currer	<u>it officer, directo</u>	r, or trustee.
				(0	C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	익호	ű	Q	줎	9,5	7	from the	related organizations	other compensation
	related	l di di	럁	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당교] []	ļ `	뤛) e e		(W-2/1099-MISC)	'	organization and related
	line)	Individual trustee or director	<u>a</u>		Key employee	ğ				organizations
	}	tee	Institutional trustee		-	Highest compensated employee	ł		ł	-
			6	_	_	ted				
(1) KEVIN BARRY	1	<u> </u>								
PRESIDENT		1		✓					0	0
(2) DOUGLAS BENNET	3								,	
TREASURER		✓	<u> </u>	✓			<u> </u>	0	0	0
(3) WILLIAM BROMBERG	1		1							
VICE PRESIDENT		✓		✓		!	<u> </u>		0	0
(4) MARIO GUTIERREZ	2				i				1	
SECRETARY		/	<u> </u>	✓			ļ.,		0	0
(5)		-								
(6)										
(7)	<u> </u>						╁╴			
						ļ				
(8)										
						_				
(9)			ļ							
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(10)	ļ		ļ	ļ	ļ	J]	ļ]	
40	ļ			_	ļ	ļ	₩			
(11)	ļ						İ		}	
(12)	<u> </u>		 	├─	╁		\vdash			
<u> </u>	 		i							
(13)					T -					
	1	1								
(14)										
	T	1	1	ı	1	1	1	1	1	I

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title		box, i	unles	Pos eck s pe	rson	than one of the state of the st	an	(D) Reportable compensation from		Reportable Estim			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comp fro orga and	ensatio m the nization related nizations	n I
(15)														
(16)														
(17)									<u> </u>		\top			
(18)														
(19)									<u> </u>	<u> </u>				
(20)														
(21)	·····													
(22)							_							
(23)														
(24)														
(25)								_						
1b	Sub-total	VII, Sectio	n A		· ·			>	0		0			0
2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic		d to th	ose	· list	ted	above	e) w	ho received m		<u>o]</u> 0,000	of		0
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> :	ficer, direc						emp	ployee, or high	est comper	sated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npei	nsatio					4		,
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidual	5		1
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•												ax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) compens		
								\vdash	·					
								-		_		_		
2	Total number of independent contractor received more than \$100,000 of compens							tr	nose listed ab	ove) who				,

Part	VIII	Statement of Reve					D 1/111		
 }	_	Check if Schedule O	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	\	1a			Tevende		012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
. E	c	Fundraising events .		1c					•
iffs ar A	d	Related organizations		1d					
s, G	e	Government grants (con		1e		1		•	
Sign	f	All other contributions, g							
but		and similar amounts not inc		1f					
ig ig	g	Noncash contributions includ	led in lines 1a						
a Co	h	Total. Add lines 1a-1			•				
		· · ·			Business Code				
ven	2a								
. Be	b								
vice	С								
Ser	d								1
шe	е								···-
Program Service Revenue	f	All other program ser					<u></u>		
<u>-</u>	g	Total. Add lines 2a-2							
	3	Investment income							
		and other similar amo				37			37
	4 Income from investment of tax-exer			•					
	5	Royalties	(i) Rea		(II) Personal				
	60	Cross rests			· · ·				
	6a	Gross rents .		71667]
	b	Less. rental expenses Rental income or (loss)		<u>57548</u> 14119	_				
	d	Net rental income or		<u> 14119</u> 		14119		14119	
	7a	Gross amount from sales of	(i) Secunt		(ii) Other	14119		14113	
		assets other than inventory							
	b	Less cost or other basis			.,				
		and sales expenses				ľ			
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> </u>				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18		•					
Ě	ь	Less direct expenses				1			
•		Net income or (loss) f							
	9a	Gross income from gas See Part IV, line 19		ities. a					
	b	Less, direct expenses		b					
	С	Net income or (loss) f	-	-	vities . ►				
	10a	Gross sales of in returns and allowance	es	· a				•	
	b	Less cost of goods s							
	<u>C</u>	Net income or (loss) f		of inv				·	
	44-	Miscellaneous F	evenue		Business Code				
	11a								
	b					 			
	d d	All other revenue							_
	e	Total. Add lines 11a-		•	L	 			1
	12	Total revenue. See II				14156		14119	37
						14130		19113	Form 990 (2017)

Form 99	0 (2017)	<u> </u>			Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. 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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management				
b b	Legal				
d e	Lobbying				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12 13	Advertising and promotion				
14 15 16	Information technology				
17 18	Travel				
19	for any federal, state, or local public officials Conferences, conventions, and meetings.				
20 21	Interest				
22 23	Depreciation, depletion, and amortization Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	2782	- 		
b c					
d e	All other expenses				·
25	l otal functional expenses. Add lines 1 through 24e	2782			
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)				

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 112293 1 109592 Cash—non-interest-bearing . 2 2 Savings and temporary cash investments 106337 106374 Pledges and grants receivable, net . 3 3 Accounts receivable, net . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less, accumulated depreciation . 10b 653959 1703754 10c h 1645702 11 11 12 Investments—other securities See Part IV, line 11 . 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 . . . 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 16 1922384 1861668 17 17 18 18 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 1294314 1214834 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 15000 25 22390 1237224 26 **Total liabilities.** Add lines 17 through 25 1309314 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 613070 624444 28 28 Temporarily restricted net assets . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 33 613070 33 624444 Total liabilities and net assets/fund balances . 34 1922384 1861668

Page	12
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Earm	aan	(2017)

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01111 33	0 (2017)				90
Part				-	
,	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>14156</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			2782
3	Revenue less expenses. Subtract line 2 from line 1	3			11374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	<u>13070</u>
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, column (B))	10		6	24444
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·			
			_	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		
	Schedule O.				لبدا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	ļ	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oilea c	or	İ	
	reviewed on a separate basis, consolidated basis, or both			İ	
	Separate basis Consolidated basis Both consolidated and separate basis				لبغا
b	Were the organization's financial statements audited by an independent accountant?		. 2b	├	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ea on	a		۲
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ore: al	,	·	
С	of the audit, review, or compilation of its financial statements and selection of an independent account]
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>	+	
	Schedule O	piairi	"'		:
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :			<u> </u>
3a	the Single Audit Act and OMB Circular A-133?	101111	"' _{3a}		1
l-	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rao th		+	✓
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		.
	required addit of addits, explain why in concedic o and describe any steps taken to undergo such a		1	m gan	(2017)
			FU	550	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

CHI PI	II HOLDING CORPORATION OF RHODE ISLAND, INC.		05-0423705
Par	3		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to the	he organization's exclusive legal contr	ol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · 🔲 Yes 🗌 No
Par	II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	·
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or ter	minated by the organization during the
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service o	ar assets held for public exhibition, eating to these items.	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b			

Part	Organizations Maintaining	Collect	ions of	Art, His	orical T	reasures	, or Ot	her Similar A	ssets (c	ontinu	ied)
3	Using the organization's acquisition, collection items (check all that apply)	accession	n, and o	ther recor	ds, chec	k any of th	e follov	ving that are a	significa	nt use	of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research			e	☐ Other						
C											
4	Provide a description of the organiza XIII.	tion's coll	ections	and expla	un how ti	hey further	the org	janization's exe	empt pur	ose in	Part
5	During the year, did the organization										
	assets to be sold to raise funds rather			ained as p	art of the	e organızatı	on's co	ollection? .	· 🔲 🗅	Yes 🗀] No
Part	Complete if the organization 990, Part X, line 21.	answer	ed "Yes			•	•	•		on Forr	m
1a	Is the organization an agent, trustee										
	included on Form 990, Part X?								. 🗆 ,	Yes 🗀] No
р	If "Yes," explain the arrangement in P	art XIII an	d compl	lete the fo	llowing ta	able.					
_	Decument halones						-		Amount		
C	Beginning balance	•					10				
d	Additions during the year Distributions during the year			• •			10				
e f	Ending balance						11				
2a	Did the organization include an amou		 m. 990. F	Part X line	 21 for e	· · · · ·			tv2 🗍 '	Vac T	7 No
_	If "Yes," explain the arrangement in P]
	EV Endowment Funds.			70 11 1110 0	<u> </u>		provid	33 3111 41171111		<u></u>	
	Complete if the organization	answer	ed "Yes	s" on For	m 990, F	art IV, line	e 10.				
		(a) Curre			or year	(c) Two year		(d) Three years ba	ick (e) Fo	our years	back
1a	Beginning of year balance										
b	Contributions			I							
С	Net investment earnings, gains, and losses						_	·			
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of		nt year e	nd balanc	e (line 1g	j, column (a	i)) held	as:			
а	Board designated or quasi-endowme	nt ▶		%							
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶		%								
0	The percentages on lines 2a, 2b, and		•						41		
3a	Are there endowment funds not in th organization by.	e posses	sion of t	ne organi	zation th	at are neio	and ad	iministered for	tne	V	N ₂
	· ·								201	Yes	INO
	(i) unrelated organizations (ii) related organizations	•			•				. 3a(i	$\overline{}$	
b	If "Yes" on line 3a(ii), are the related of		 ne lietar	d ac realii	· · · · red on Si	 chedule R2			. 3b	4-1	
4	Describe in Part XIII the intended use	J		•				• •			<u> </u>
	VI Land, Buildings, and Equip		<u> </u>						• •		
	Complete if the organization		ed "Yes	s" on For	m 990. l	Part IV, line	e 11a.	See Form 99	0, Part X	i, line 1	10.
	Description of property			other basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation		ook value	
	Land				 						
b	Buildings			-		2217638		571930		16	45699
c	Leasehold improvements .	·						3,1330			
d	Equipment				· -						
e	Other					82023		82023			0
Total.	Add lines 1a through 1e. (Column (d) r	nust equa	al Form 9	990. Part	X. colum			•		16	45699

	(a) Description of security or category	·	(b) Boo	k value	e 11b. See F	c) Method of	valuation	
	(including name of security)		, , = = 0	==			ar market value	٠
	derivatives			•				
	neld equity interests	' [_			•			
(3) Other	•			•				
(^)								
(B)	•	•						
(C)	•							
(D)		1	-		-			
(E)	,							
(F)	`							
(G)	• .							
(H)					-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)					74.77		
Part VIII	Investments-Program Related		*		•	,		
	Complete if the organization answ		1990, P	art IV, lin	e 11c. See F	orm 990), Part X, line	e 13.
	(a) Description of investment		(b) Boo			c) Method o		
			` .				ar market value	
(1)			•					
(2)								
(3)			*		· · · · · · · · · · · · · · · · · · ·			
(4)	. ^							
(5)	,							
(6)					₹ <u>1</u>			
(7)	•				· · ·			
(8), -							·	
(9)				-	ļ			
	(b) must equal Form 990, Part X, col. (B) line 13) ▶	+				THE REAL PROPERTY.	NO SECTION OF THE	AND SOME
Part IX	Other Assets.				CONTRACTOR OF THE PARTY OF THE	的复数电子 医多种性	are a strong to the control of	3-18-61-62-5-
		•			,			
T GIT IX		wered "Yes" on Form	1990 P	art IV lin	, e 11d [°] See I	Form 990) Part X Im	e 15
	Complete if the organization answ		1 990, P	art IV, lin	e 11d. See l	Form 990		
-	Complete if the organization answ	vered "Yes" on Form Description	1 990, P	art IV, lin	e 11d. See l	Form 990), Part X, lin (b) Book valu	
(1)	Complete if the organization answ		1 990, P	art IV, lın	e 11d. See I	Form 990		
(1)	Complete if the organization answ		1 990, P	art IV, lın	e 11d. See I	Form 990		
(1) (2) (3)	Complete if the organization answ		1 990, P	art IV, lin	e 11d. See I	Form 990		
(1) (2) (3) (4)	Complete if the organization answ		1 990, P		e 11d. See I	Form 990		
(1) (2) (3) (4) (5)	Complete if the organization answ		1 990, P	art IV, lin	e 11d. See I	Form 990		
(1) (2) (3) (4) (5) (6)	Complete if the organization answ		1 990, P		e 11d. See I	Form 990		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answ		1 990, P		e 11d. See I	Form 990		
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	XI Reconciliation of Revenue per Audited Financial Statem		r Return.
· ,	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	• 2
С	Recoveries of prior year grants	2c	7:1
d	Other (Describe in Part XIII.)	2d	7.4.1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		. 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<u> </u>
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ŗ
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7 57
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	<u>- 1</u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	"
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

CHI PHI HOLDING CORPORATION OF RHODE ISLAND, INC	05-0423705	
FORM 990, PART VI, SECTION A , LINE 8B:		
THE ORGANIZATION HAS NO COMMITTEES AND USES THE MEMBERS OF THE BOARD OF DIRECTORS TO GOVERN IT. THE		
DRGANIZATION KEEPS WRITTEN RECORDS OF ALL OF ITS MEETINGS.		
	·	
FORM 990, PART VI, SECTION B LINE 11B:		
THE TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED. HE SENDS EACH OFFICER A COPY	OF THE RETURN AFTER IT IS FILED.	
FORM 990, PART VI, SECTION C, LINE 19:		
GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON WRITTEN REQUEST.		

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

CHI PHI HOLDING CORPORATION OF RHODE ISLAND, INC.

Part

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OMB No 1545-0047	2017

Open to Public

Inspection

Employer identification number

05-0423705

▲ Go to www.irs.go

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

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(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? 운 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling 'entity (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(C)(7) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ALUMNI ASSOCIATION RHODE ISLAND (b) Primary activity (b) Primary activity (1)CHI PHI FRATERNITY ALUMNI ASSOCIATION OF URI (2)CHI PHI FRATERNITY, INC. 05-6034579 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 26-2068656, PO BOX 40817, PROVIDENCE, RI 02940 Part II € 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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COLLEGE FRATERNITY RHODE ISLAND

PO BOX 40817, PROVIDENCE, RI 02940

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Schedule R (Form 990) 2017

Page 2	(k) Percentage ownership								Ĭ,	Section 512(b)(13) controlled entity?	No							
ne 34	<u> </u>	o Z	 			_	-	-	Part	Section	Yes							
art IV, li	(l) Gener mana, partn	X X X							orm 990,	(h) Percentage ownership								
n Form 990, F	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								d "Yes" on Fo	(9) Share of Pend-of-year assets								
χ"Yes" ο		Yes No	_						answere ar.	Share of total income enc			<u> </u>					
answered	(g) Share of end-of- I year assets								anızation ie tax yez			_						
ization a			-					-	the organization	(e) Type of entity (C corp, S corp, or trust)								
ne orgar ne tax ye	(f) Share of total income								nplete if or trust o				1					
able as a Partnership. Complete if the organiza	(e) Predommant income (related, unrelated, excluded from tax under sections 512—514)								· Trust. Con orporation o	(d) Direct controlling entity								
ship. C			ļ		ļ				ation or d as a c	omicile gn country)								
s a Partner	(d) Direct controlling entity								s a Corportions treate	(c) Legal domicile (state or foreign country)								
Taxable as) pal icile s or ign								Taxable as d organizat	(b) Primary activity						\$ 		
zations d organ	8:								zations re relate	Prir								
elated Organi or more relate	(b) Prmary activity						,		elated Organi	organization								
Incomposed 2017 Identification of Related Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization								
Schedule R (Form 990) 2017 Part III Identific because	Name, : relai	(1)	(2)	(3)	(4)	(5)	(9)	(2)	Part IV	Name,		(1)	(2)	(6)	(4)	(5)	(9)	(7)

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017

Part V Transactio

- 1				ı
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more related org	anizations listed in Par	rts II-IV?	· · · · · · · · · · · · · · · · · · ·
	•	•	•	19
				. `
b Giff, grant, or capital contribution to related organization(s)		• • • • • •		\ \
c Gift, grant, or capital contribution from related organization(s)				10
				,
d Loails of Ioail guarantees to of 10t related organization(s)				> D1
e Loans or loan guarantees by related organization(s)				1e <
				がはある。
f Dwidends from related organization(s)				16
Cividends north related organization(s)				>\\ =\
g Sale of assets to related organization(s)				1g /
h Purchase of assets from related organization(s)				1h
in Change of cases a suit had been advented as the cases of the cases of the cases of the cases of the cases of the cases of the cases of the cases of the cases of the cases of the cases of the case				
				>
j Lease of facilities, equipment, or other assets to related organization(s)				1j ~
k Lease of facilities, equipment, or other assets from related organization(s)				+ _
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)	•		7
	(=)			
M Performance of services of membership of infragally solicitations by related organizations	IIZation(s)			> EI
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	· · · · · · · · · (s)uc			1n
o Sharing of paid employees with related organization(s)	•	•		10
				医红色 公司的
				100 M 100 M
p heimbulsement paid to telated organization(s) to expenses				A
q Reimbursement paid by related organization(s) for expenses				1q
r Other transfer of cash or property to related organization(s)				1r /
s Other transfer of cash or property from related organization(s)				15
2 If the answer to any of the above is "Yes" see the instructions for information on who mist complete this line inclining covered relationships and transaction thresholds	on stromolete this line on	luding covered relation	nehine and transaction	n thresholds
l	The relief Complete this line, inc	dallig covered relation	מוספווס מוח השווסמרוו	UI CHICOLOGO.
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	g amount involved
	type (a-s)			i
€				
(2)				
(9)				
(4)				
(5)				
(9)	_			
			Schedule R	Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(a)	(9)	(a)	(e)	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a)	Ē	(0)	•	3
Name, address, and EIN of entity	Primary activity	nıcıle oreign y)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code amoun of Sch	General or managing partner?	Percentage ownership
			-	Yes No			Yes No	<u> </u>	Yes No	
(1)										
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Schedule R (Form 990) 2017