

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort 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.

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

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	D Employer identification number 02-0241594
Number and street (or P. O. box, if mail is not delivered to street address) HINMAN BOX 5201 DARTMOUTH COLLEGE	E Telephone number (516) 413-0315
City or town, state or province, country, and ZIP or foreign postal code HANOVER, NH 03755	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**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 ► \$ 74,697****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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,863
	2 Program service revenue including government fees and contracts	2	5,479
	3 Membership dues and assessments	3	65,355
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	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	74,697
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	0
	14 Occupancy, rent, utilities, and maintenance	14	11,042
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	55,618
	17 Total expenses. Add lines 10 through 16 ►	17	66,660
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,037
	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	51,044
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	59,081

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	47,232	56,114
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	3,812	2,967
25 Total assets	51,044	59,081
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,044	59,081

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

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here . . . ► **28a****29**

(Grants \$)

If this amount includes foreign grants, check here . . . ► **29a****30**

(Grants \$)

If this amount includes foreign grants, check here . . . ► **30a****31** Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here . . . ► **31a****32** Total program service expenses (add lines 28a through 31a)**32**

66,660

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
FISHER KAITLIN PRESIDENT	10 00	0	0	0
JOHN FITZ-HENLEY II TREASURER	4 00	0	0	0
MATTHEW WOODBERRY HOUSE MANAGER	6 00	0	0	0
BILL KOSMIDIS VICE PRESIDENT	2 00	0	0	0
DOMINIC ARCONA SOCIAL CHAIR	2 00	0	0	0
AUSTIN ZAELKE SOCIAL CHAIR	2 00	0	0	0
WILLIAM JOHNSON SERVICE CHAIR	2 00	0	0	0
IAN FREY SECRETARY	2 00	0	0	0
CHARLIE JOHNSON WELLNESS CHAIR	2 00	0	0	0
NICHOLAS TURK PROGRAMMING CHAIR	2 00	0	0	0

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	33	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)	34	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)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
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	35c	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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	0
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities 39b 0	39b	0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	
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	40b	
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 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
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 40e 0	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► JOHN A FITZ-HENLEY II TREASURER Telephone no ► (919) 627-0072		
Located at ► HINMAN BOX 5201 DARTMOUTH COLLEGE HANOVER, NH ZIP + 4 ► 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 ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	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 ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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

***** Signature of officer	2019-05-10 Date
JOHN A FITZ-HENLEY II TREASURER Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name JOSHUA J GAGNE	Preparer's signature	Date 2019-05-09	Check <input type="checkbox"/> if self-employed	PTIN P01278157
Firm's name ► TYLER SIMMS & ST SAUVEUR CPAS 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 ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 02-0241594
Name: ALPHA CHI ALPHA FRATERNITY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>28 COLLEGE FRATERNITY - PERSONAL GROWTH OF THE FRATERNITY'S BROTHERS AND A POSITIVE ENVIRONMENT FOR THE TRADITIONS AND IDEALS OF DARTMOUTH COLLEGE AND OF THE BROTHERHOOD (Grants \$ 1,610) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 66,660</p>

TY 2018 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

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**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 14	DESCRIPTION DEPRECIATION AMOUNT 845 DESCRIPTION OTHER EXPENSES AMOUNT 10,197 TOTAL TO FORM 990-EZ, LINE 14 11,042

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 5,498 DESCRIPTION DUES AMOUNT 1,428 DESCRIPTION HOUSE FUNCTIONS AMOUNT 32,809 DESCRIPTION HOUSE SUPPLIES AMOUNT 7,169 DESCRIPTION OTHER FUNCTIONS AMOUNT 4,506 DESCRIPTION JOCKWEAR EXPENSES AMOUNT 3,097 DESCRIPTION CHARITABLE AMOUNT 125 DESCRIPTION OFFICE SUPPLIES AMOUNT 57 DESCRIPTION MISCELLANEOUSE EXPENSES AMOUNT 929 TOTAL TO FORM 990-EZ, LINE 16 55,618

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,812 END OF YEAR AMOUNT 2,967