

Form **990EZ**
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.

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
Lambda Chi Alpha Fraternity Inc
Alpha gamma Zeta

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1701 S Minnesota Ave

City or town, state or province, country, and ZIP or foreign postal code
Soux Falls, SD 57105

D Employer identification number
46-0224751

E Telephone number
(605) 336-1988

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: ▶ N/A

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 ▶ \$ 148,407

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1 Contributions, gifts, grants, and similar amounts received																																		
	2 Program service revenue including government fees and contracts		145,146																																
	3 Membership dues and assessments																																		
	4 Investment income				1																														
	5a Gross amount from sale of assets other than inventory																																		
	b Less cost or other basis and sales expenses						0																												
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																		
	6 Gaming and fundraising events																																		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																		
	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)							3,260																											
c Less direct expenses from gaming and fundraising events							0																												
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)												3,260																							
7a Gross sales of inventory, less returns and allowances																																			
b Less cost of goods sold							0																												
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																			
8 Other revenue (describe in Schedule O)																																			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																			
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																		
	11 Benefits paid to or for members																																		
	12 Salaries, other compensation, and employee benefits																																		
	13 Professional fees and other payments to independent contractors																																		
	14 Occupancy, rent, utilities, and maintenance																																		
	15 Printing, publications, postage, and shipping																																		
	16 Other expenses (describe in Schedule O)																																		
17 Total expenses. Add lines 10 through 16 ▶																																			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																		
	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)																																		
	20 Other changes in net assets or fund balances (explain in Schedule O)																																		
	21 Net assets or fund balances at end of year Combine lines 18 through 20																																		

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	16,421	22 3,757
23 Land and buildings		23
24 Other assets (describe in Schedule O)	745	24 552
25 Total assets	17,166	25 4,309
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,166	27 4,309

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

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

What is the organization's primary exempt purpose?
Bringing about the association of college students of good moral character, to foster a high moral and spiritual standard of life based on Christian ideals, to promote honorable friendship, to cultivate intellectual excellence, to secure for members the greatest advantages in college life, to establish brotherly love, mutual aid, close personal connection between alumni, undergraduates and colleges, and, to bind them together for mutual pleasure and interest in college, as well as after life by testing each with courage, self-control, obedience, democracy, and courtesy toward all with whom they may come in contact

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 <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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
Joshua Chase	0	0		
High Theta				
Nick Rise	0	0		
High Iota				
Tyler Hamsa	0	0		
High Delta				
Jackson Dziedzic	0	0		
High Alpha				
Glen Clark	0	0		
High Gamma				
Nathan Bachman	0	0		
High Tau				
Nick Palmer	0	0		
High Rho				
Taylor Wipf	0	0		
High Beta				
Ross Oyler	0	0		
High Phi				
Dale Loudon	0	0		
High Sigma				
Tyson Dahler	0	0		
High Epsilon				
Matt Wegener	0	0		
House Manager				

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

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of Nelson Nelson CPA's LLP Telephone no (605) 336-1988
Located at 1701 South Minnesota Ave Sioux Falls , SD ZIP + 4 57105

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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
NONE				

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
NONE		

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	2020-05-14 Date
Jackson Dziedzic High Alpha Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Charles A Nelson	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00506490
	Firm's name ▶ Nelson & Nelson CPAs LLP			Firm's EIN ▶ 46-0376568	
	Firm's address ▶ 1701 S Minnesota Ave Sioux Falls, SD 571051751			Phone no (605) 336-1988	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 46-0224751

Name: Lambda Chi Alpha Fraternity Inc
Alpha gamma Zeta

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 Through our Core Values and ritualistic teachings , Lambda Chi Alpha aims to systematically develop our men by fundamentally shaping who they are, what they know, and what they can do (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Lambda Chi Alpha Fraternity Inc
Alpha gamma Zeta

Employer identification number

46-0224751

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$129

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$655

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1570

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$193

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Food \$37768

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Epsilon (Social) \$8267

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Supplies \$4571

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Miscellaneous Expense \$2045

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	T Shirts \$1992

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Composite \$1738

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	D-Day \$693

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Strollers \$334

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Float \$289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Entertainment \$225

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	Laudry and Linen \$144

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Kappa (Faternity Education) \$70

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Delta (Rush) \$47

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$745 Machinery and Equipment - Ending \$552