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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/Form990 for instructions and the latest information.

<u>A</u>	For the	2022 calendar year, or tax year beginning and ending	ng		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change			74-60477	60
	Initial return		n/suite	E Telephone numbe	
	Final return/	,	32	•	
	termin- ated			G Gross receipts \$	3,333,702.
	Ameno return			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: Lata Q. Noati		for subordinates	
	pendin	g same as C above		H(b) Are all subordinates in	
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other L	_ Year o	of formation: 1922 N	M State of legal domicile: AR
P	art I	Summary			
a)	1	Briefly describe the organization's mission or most significant activities: $Alpha$ C			
Š		academic honor society. The Society's missic	<u>on i</u>	s to promot	<u>e academic</u>
ž.	2	Check this box if the organization discontinued its operations or disposed of	more		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			24
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			24
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			7 0
Activities & Governance	6	Total number of volunteers (estimate if necessary)			
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)		453,380.	458,630.
ne	8	Contributions and grants (Part VIII, line 1h)		23,560.	30,581.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,835.	-76,835.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		79,738.	321.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		663,513.	412,697.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		74,000.	81,500.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		244,658.	210,270.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line 25) 10,848.			
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,913.	449,093.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		637,571.	740,863.
	19	Revenue less expenses. Subtract line 18 from line 12		25,942.	-328,166.
50	g		Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,224,167.	1,625,429.
Net Assets or	21	Total liabilities (Part X, line 26)		58,960.	7,122.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		2,165,207.	1,618,307.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	nas any knowledge.	
C:~	_	Signature of officer		I Date	
Sig		Lara Q. Noah, Executive Director		Duto	
Hei	re	Type or print name and title			
		Print/Type preparer's name  Preparer's signature 7 / / //	TD	Date Check	PTIN
Pai	d	Tyler Atkins	_	if self-employ	501010337
	parer	Firm's name BiggsKofford, P.C.			4-0884124
	Only	Firm's address 630 Southpointe Court, Suite 200		THIII S LIN U	_
	J,	Colorado Springs, CO 80906		Phone no 71	9.579.9090
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		11 Hono Ho. 7 =	X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Alpha Chi is a coeducational academic honor society. The Society's
	mission is to promote academic excellence and exemplary character
	among college and university students and to honor those who achieve
	such distinction.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$255,045. including grants of \$) (Revenue \$14,011. )
	Alpha Chi chapters are supported by a robust chapter support program.
	Alpha Chi provides the software used by chapters to manage invitations
	and registrations (which includes national and local dues income
	management), and administrative support and training. Printing and
	shipping costs for all new member items sent to chapters for
	distribution are part of this support. In addition, a fund of nearly
	\$10,000 a year is set aside for chapter activity grants that chapters
	can apply for to create on-campus events and programs. Advisors are
	presented with recognition pins at significant intervals of service.
4b	(Code:) (Expenses \$
	Annual national convention of approximately 200 student members,
	faculty advisors, and keynote speakers who come together in a
	multi-disciplinary conference of academic and creative student
	presentations and chapter and member development workshops. Chapter
	representation is heavily subsidized with national travel and housing
	grants for advisors and student members.
	01 500
4c	(Code:) (Expenses \$ 81,500. including grants of \$ 81,500. ) (Revenue \$)
	Academic scholarships and fellowships (\$74,000) and convention
	presentations and collaborative research team prizes (\$10,000) are
	awarded annually to student members. Scholarship and fellowship
	applications are reviewed and winners are selected by the Scholarship
	Committee of the National Council of Alpha Chi. Students presenting at
	the annual national convention are eligible to compete for the
	convention-related prizes. Regional scholarships are administered by
	the officers of each of Alpha Chi's seven regions at \$1,000 per region.
	Otherway and the (Para the or Oched to O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 570,625.
40	Total program service expenses 570,625.  Form <b>990</b> (2022)
	Form <b>330</b> (2022)

			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_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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_		<u>X</u>
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	4		<u> X</u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_ <u>X</u> _
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	The Too, Complete Concado 2, Farth	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		A V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u> </u>
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	ا ا		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Pai	t IV Checklist of Required Schedules (continued)	, , ,		age .
	i (continued)		Yes	No
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	Х	
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		x
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		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	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		x
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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	l
Pai				-
	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 on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

Form 990 (2022) Alpha Chi National College Honor Society 74-6047760 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						X							
Sec	tion 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	2	4									
	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 on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	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?			2		X							
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision										
	of officers, directors, trustees, or key employees to a management company or other person?			3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X							
5	· · · · · · · · · · · · · · · · · · ·												
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or										
	more members of the governing body?			7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or										
	persons other than the governing body?			7b	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:										
а	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)										
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х								
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe										
	on Schedule O how this was done			12c	X								
13	Did the organization have a written whistleblower policy?			13	X								
14	Did the organization have a written document retention and destruction policy?			14	X								
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official			15a	X								
b	Other officers or key employees of the organization			15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a										
	taxable entity during the year?			16a		<u> </u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ												
	exempt status with respect to such arrangements?			16b									
Sec	tion 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 (1024 or 1024-A, if applicable), 990, ar	id 990	-T (section 501(c)(3	)s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, ar	nd finan	cial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records										
	The Charity CFO, LLC - 314-390-0220  1310 Papin St Suite 300 St. Louis MO 63103												
	into cauli al autie 100 al. DOUIS MU 01101												

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any	-				1	,	from the	from related organizations	other compensation
	hours for	direct				- O		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	com p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Lara Q. Noah	40.00	드	드	5	황	포등	요			
Executive Director	40.00	1		х				81,026.	0.	5,672.
(2) Dr. David Jones	1.00							01/0201	•	3,0,2
President		х		х				0.	0.	0.
(3) Dr. Kathi Vosevich	1.00							-	-	-
Vice President (through March '22)		Х		х				0.	0.	0.
(4) Dr. Linda Cowan	1.00									
Vice President		Х		Х				0.	0.	0.
(5) Dr. Karl Havlak	1.00									
Secretary		Х		X				0.	0.	0.
(6) Dr. June Hobbs	1.00									
Board Member		Х						0.	0.	0.
(7) Dr. Kenneth LaSota	1.00	1							_	_
Board Member		Х						0.	0.	0.
(8) Dr. Jacquelyn Kegley	1.00									
Board Member	1 00	Х						0.	0.	0.
(9) Dr. Myra Houser	1.00								_	
Board Member	1 00	Х						0.	0.	0.
(10) Dr. Steve Hoekstra	1.00	<b>.</b>							_	_
Board Member (11) Dr. Dennis Hall	1.00	Х						0.	0.	0.
Board Member	1.00	Х						0.	0.	0.
(12) Dr. Jessica Henry	1.00	Λ						0.	<b>U•</b>	
Board Member	1.00	Х						0.	0.	0.
(13) Lauren Pribyl	1.00							•	•	•
Board Member		х						0.	0.	0.
(14) Dr. Teddi Deka	1.00									,
Board Member		Х						0.	0.	0.
(15) Dr. Bonita Cade	1.00								-	
Board Member		Х	L		L	L	L	0.	0.	0.
(16) Dr. Craig Rogers	1.00									
Board Member		Х						0.	0.	0.
(17) Carson Vollmer	1.00									
Board Member		Х	L		L	L	L	0.	0.	0.

Part VII   Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	Compensated Employee	s (continued)				
(A)	(B)	(C) Position					(D)	(E)			(F)		
Name and title	Average	(do		POS heck i			one	Reportable	Reportable			timated	
	hours per week			ss per				. 1	compensation	ו		nount o	f
	(list any	_			П	Π	Ĺ	from the	from related organizations			other pensati	ion
	hours for	director				Į,		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizatio	
	organizations	trust	al tru		oyee	ompe		1099-NEC)	Í		and	d relate	d
	below	Individual trustee or	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
	line)	Indi	Inst	Officer	Key	E High	For						
(18) Dr. Kate Stewart	1.00									_			^
Board Member	1 00	Х		<u> </u>	₩			0.		0.			0.
(19) Dr. Kip Wheeler Board Member	1.00	х						0.		0.			Λ
(20) Uriel De La Rosa	1.00	Λ		├	$\vdash$	$\vdash$		0.		0.			0.
Board Member	1.00	Х						0.		0.			0.
(21) Aislinn Beak	1.00	25		H	1			•		•			<u> </u>
Board Member	1.00	X						0.		0.			0.
(22) Briana Lay	1.00	† <del></del>		$\vdash$	<u> </u>								
Board Member		Х						0.		0.			0.
(23) Kiante Stuart	1.00												
Board Member		Х						0.		0.			0.
(24) MacKenzie Jacobs	1.00												
Board Member		Х			L.			0.		0.			0.
(25) Dr. Fabrice Poussin	1.00	1											
Board Member	1 00	Х		_	$\vdash$	_		0.		0.			0.
(26) Dr. Jodi Pilgrim	1.00									_			^
Board Member		X						81,026.		0.		5,67	0.
1b Subtotal								01,026.		0.	<u> </u>	5,67	0.
c Total from continuation sheets to Part VI								81,026.		0.		5,67	
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 of reportable			<u> </u>	
compensation from the organization	ot inflitted to th	1030	11310	u ac	)OVC	,, vvi	10 1	cocived more than \$100	,ooo or reportable				0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	ey e	empl	loye	e, oi	hic	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4		X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	rom	any	unre	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch r	pers	on					5		X
Section B. Independent Contractors													
Complete this table for your five highest con	•	•								ensat	tion fro	om	
the organization. Report compensation for t	the calendar y	ear e	endir	ng w	<u>ith c</u>	or wi	thi		rear.			.,	
(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C ompe	;) nsation	
,													

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 Alpha Ch	i Nation	ıal	. C	01	1e	ge	Н	onor Society	74-604	7760
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	(check all th			hat apply)		compensation	compensation	amount of
	per							from the	from related	other
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	related	Individual trustee or director	Institutional trustee			Highest compensated employee		,		and related
	organizations	ıl trus	nal tr		Key employee	d mo:				organizations
	below	ividua	titutic	Officer	y emp	hest	Former			
-	line)	PI.	SI.	#0	Ke	'≟"	For			
(27) Dr. Jeffrey Barnes Board Member (through March '22)	1.00	Х						0.	0.	0.
(28) Dr. Agashi Nwogbaga	1.00	Λ						0.	0.	<u> </u>
Board Member (through March '22)	1.00	Х						0.	0.	0.
(29) Addison Schwamb	1.00							•		
Board Member (through March '22)		Х						0.	0.	0.
(30) Abigail Manis	1.00	Ī						, , ,		
Board Member (through March '22)		Х						0.	0.	0.
(31) Ande Marini	1.00									
Board Member (through March '22)		Х						0.	0.	0.
	-									_
	+					_				
-										
	-									
		-								
	+									
		-								
	-									
	1					_				
	1	<u> </u>	I	l						
Total to Part VII, Section A, line 1c										

Alpha Chi National College Honor Society 74-6047760 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 376,007. **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d 53,747. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 28,876. 1f 1g |\$ g Noncash contributions included in lines 1a-1f 458,630. h Total. Add lines 1a-1f **Business Code** 2 a Conference and other fees 30,581, 899999 30,581. Program Service Revenue С f All other program service revenue ..... 30,581. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 37,783. 37,783. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 2,806,387. 7a assets other than inventory b Less: cost or other basis 2,921,005. Other Revenue and sales expenses 7b c Gain or (loss) 7c -114,618. -114,618. -114,618. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances Loss: cost of goods sold

	l D	Less. cost of goods sold	2				
	С	Net income or (loss) from sales of inventory					
			Business Code				
neous	11 a	Miscellaneous	899999	321.	321.		
	b						
e e	c						
Misce	d	All other revenue					
2	е	Total. Add lines 11a-11d		321.			
	12	Total revenue. See instructions		412,697.	30,902.	0.	-76,835.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 81,500. 81,500. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 86,697. 69,358. 14,002. 3,337. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 104,484. 25,488. 76,482. 2,514. 7 Pension plan accruals and contributions (include 4,020. 2,784. 763. 473. section 401(k) and 403(b) employer contributions) Other employee benefits 9 15,069. 10,414. 2,885. 1,770. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 29,732. 29,732. Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,112. 11,112. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) <u>1,171.</u> 1,171. Advertising and promotion 12 75,533. 69,185. 6,348. Office expenses 13 55,576. 48,140. 7,436. Information technology 14 Royalties 15 16,573. 11,376. 3,263. 1,934. 16 Occupancy 9,551. 9,372. 179. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 236,182. 2,102. 234,080. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,490. 1,723. 473. 294. Depreciation, depletion, and amortization ..... 22 3,470. 2,403. 659. 408. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 4,802. 118. 6,800. 1,880. Governance and expansion Miscellaneous 903. 903. С d All other expenses 740,863. 570,625. 159,390. 10,848. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

# Form 990 (2022) Part X Balance Sheet

Fai	LA	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			142,430.	1	50,172.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	53,747.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,144.	9	31,792.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	51,518.			
	b	Less: accumulated depreciation		46,777.	7,231.	10c	4,741.
	11	Investments - publicly traded securities			2,071,362.	11	1,484,977.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	2,224,167.	16	1,625,429.		
	17	Accounts payable and accrued expenses			58,960.	17	7,122.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
abi		controlled entity or family member of any of the	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25			58,960.	26	7,122.
		Organizations that follow FASB ASC 958, cl	neck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			2,165,207.	27	1,564,560.
Ba	28	Net assets with donor restrictions				28	53,747.
P I		Organizations that do not follow FASB ASC	958, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
se	30	Paid-in or capital surplus, or land, building, or			30		
t As	31	Retained earnings, endowment, accumulated			0 465 005	31	4 (4 2 2 2 2 2
Š	32	Total net assets or fund balances		<u> </u>	2,165,207.	32	1,618,307.
	33	Total liabilities and net assets/fund balances			2,224,167.	33	1,625,429.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form **990** (2022)

Х

Х

**2**c

За

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

**Employer identification number** 

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

Inspection

OMB No. 1545-0047

Alpha Chi National College Honor Society 74-6047760 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	713,165.	645,935.	571,384.	453,380.	404,883.	2788747.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	713,165.	645,935.	571,384.	453,380.	404,883.	2788747.
	The portion of total contributions			•	•	•	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2788747.
	etion B. Total Support						2,00,1,0
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	713,165.	645,935.	571,384.	453,380.	404,883.	2788747.
	Gross income from interest,	72072001	010 / 500 0	37273313	1337333	101/0000	2,00,1,0
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	116,712.	115,404.	102,325.	58,659.	37,783.	430,883.
9	Net income from unrelated business	110,7120	113/1010	102/3231	30,0331	3777031	130,0031
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				79,738.	321.	80,059.
	assets (Explain in Part VI.)				19,130.	241.	3299689.
	<b>Total support.</b> Add lines 7 through 10					40	54,141.
	Gross receipts from related activities,			Contract Contract		12	<u> </u>
13	First 5 years. If the Form 990 is for the	•					
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per		• • • • • • • • • • • • • • • • • • • •			·····
	Public support percentage for 2022 (I			olumn (f)\		14	84.52 %
	Public support percentage from 2021					15	78.50 %
	33 1/3% support test - 2022. If the o						
IUa	stop here. The organization qualifies				14 13 33 1/3/0 01 111		77
h	33 1/3% support test - 2021. If the o		•				
b	and <b>stop here.</b> The organization qual						
170	10% -facts-and-circumstances test				13 16a or 16h a		
174	and if the organization meets the fact:						
	meets the facts-and-circumstances te			-	•	_	
h	10% -facts-and-circumstances test	-		• • •		7a and line 15 is 1	
J	more, and if the organization meets the						1070 01
	organization meets the facts-and-circu				•		
12	<b>Private foundation.</b> If the organization		-	•			
10	Filvate Iounuation. II the organizatio	in ala not check a l		a, 100, 17a, 01 170	, one on this box at	ia see iristructions	·

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	Τ	1	Τ	_	_	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						<del>                                     </del>
	First 5 years. If the Form 990 is for the	L organization's fi	ret second third :	fourth or fifth tax	l vear as a section 5	I (01(c)(3) organization	n .
17	check this box and stop here	-			•		
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20	)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Y	'es	No
1			
,			
2			
3a			
3b			
30			
40			
4a			
4b			
4c			
5a			
5b			
5c			
33			
6	$\perp$		
7			
8			
9a			
Ja			
9b			
90			
10a	а		
10l		יספס	2022

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

За

	dule A (Form 990) 2022 Alpha Chi National Colle			74-6047760 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omplet	e Sections A through E.	
Secti	ion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount	_		Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

Sche		<u>ional College E</u>			4-6047760 Page <b>7</b>
Pai	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2022

**b** Applied to 2022 distributable amount

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

# Schedule B

(Form 990)

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

**Employer identification number** 

	A1	pha Cl	hi Natio	nal Col	lege H	onor S	Society		74-6047760
Organiza	ation type (check or	ne):							
Filers of:	:	Section:							
Form 990	or 990-EZ	X 501	(c)( 3 ) (enter	number) orga	anization				
		494	l7(a)(1) nonexen	npt charitable	trust not tre	ated as a p	orivate foundation	n	
		527	<sup>7</sup> political organi	zation					
Form 990	)-PF	501	I(c)(3) exempt pr	rivate foundati	ion				
		494	17(a)(1) nonexem	npt charitable	trust treated	as a privat	e foundation		
		501	I(c)(3) taxable pr	ivate foundati	ion				
	your organization is nly a section 501(c)(7					the Genera	al Rule and a Sne	ocial Rule Se	ee instructions
14010. 01	ny a section so negati	<i>(1)</i> , (0), 01 (1	o) organization	can check bo.	ACS TOT BOTT	une denera	ir ridic and a ope	ciai ridic. Gc	e manuellona.
General	Rule								
	For an organization property) from any								000 or more (in money or al contributions.
Special I	Rules								
	sections 509(a)(1) a	and 170(b)( the year, to	1)(A)(vi), that che otal contribution	ecked Schedu s of the great	ule A (Form 9	90), Part II,	line 13, 16a, or	16b, and that	of the regulations under t received from any one 990, Part VIII, line 1h;
	For an organization contributor, during literary, or educatio "N/A" in column (b)	the year, to	otal contribution ses, or for the pro	s of more that evention of cr	n \$1,000 exc uelty to child	clusively for ren or anim	religious, charita	able, scientifi	ic,
	-	exclusively here the tota mplete any	ofor religious, chall contributions of the parts unle	naritable, etc., that were rece ess the <b>Gener</b>	, purposes, b eived during ral Rule app	ut no such the year for lies to this	contributions to r an <i>exclusively</i> organization bec	taled more the religious, cha cause it receive	ved nonexclusively
answer "	An organization tha No" on Part IV, line esn't meet the filing	2, of its Fo	orm 990; or chec	k the box on I	line H of its F			-	•

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

# Alpha Chi National College Honor Society

74-6047760

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 53,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# Alpha Chi National College Honor Society

74-6047760

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** Alpha Chi National College Honor Society 74-6047760

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22 Schedule B (Form 990) (2022)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** Alpha Chi National College Honor Society 74-6047760

Ра	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		us of Accounts. Complete if the
		(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 donor advisors in wr	riting that the assets held in donor ac	lvised funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	se conferring
_			
Pa	rt II Conservation Easements. Complete if the orga	ınization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the fo	rm of a conservation 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 easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located	<u></u>
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exper	nse statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial state	ements that describes the
<b>D</b> -	organization's accounting for conservation easements.	A de la Carlo Tarres	Other O'relle Assets
Ра	rt III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		at and balance about one to
па	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		-
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,	·	
	art, historical treasures, or other similar assets held for public e	exnibition, education, or research in f	urtnerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under FASB AS	_	_
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 000 Part V		<b>c</b>

		n National						17760		age 2
Pai	rt III   Organizations Maintaining Co	ollections of An	t, Historicai Tre	asures, or Otne	er Sin	niiar As	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	signific	ant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt p	urpose ir	Part >	KIII.		
5	During the year, did the organization solicit or		•	•			_	,	_	_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Form	n 990, Pa	ırt IV, li	ne 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia		•					1	_	7
	on Form 990, Part X?						. L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		Г			<b>A</b>		
					F			Amount	-	
	Beginning balance				··· ⊢	1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1	_	
	Did the organization include an amount on Fo				-		L	Yes	늗	∐ No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>				
rai	rt V Endowment Funds. Complete if					hroo yoaro	hack	(a) Four	voore	hack
		(a) Current year	(b) Prior year	(c) Two years back	+	hree years		(e) Four		
	Beginning of year balance	2,071,362.	1,869,196.	1,654,592.		1,505,	292.	Ι,	682,	039.
b		306 691	0.	214 604		220	124		106	F.C.O.
С	Net investment earnings, gains, and losses	-306,681.	202,166.	214,604.		320,	134.		106,	560.
d										
е	Other expenditures for facilities	270 704				170			7.0	007
_	and programs	279,704.				170,	834.		70,	987.
f	Administrative expenses	1 404 077	0.071.260	1 000 100		1 (54	F00			202
g	End of year balance	1,484,977.	2,071,362.	1,869,196.		1,654,	592.	Ι,	505,	292.
2	Provide the estimated percentage of the curre			) held as:						
_			_%							
b		%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•	Alam Alam Alam and Indian	al a description of four						
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid an	id administered for t	ne			Г	Yes	No
	organization by:								163	X
	(i) Unrelated organizations							3a(i)	$\overline{}$	X
	(ii) Related organizations	Cara Bakadaa aa aa aa aa aa						3a(ii)	$\overline{}$	
	If "Yes" on line 3a(ii), are the related organizat							3b		
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		wment tunas.							
. u.	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 1	10				
			1	i i		nulated		(d) Book		
	Description of property	(a) Cost or o	, ,	' '	eprecia			(a) Book	valu	е
1-	Land	,	.5.19	(23.101)	- P1 0016					
	Land									
	Buildings Leasehold improvements						+			
	Leasehold improvements		5	0,615.	45	,874	$\pm$		1,7	41
	Equipment Other			903.	<del>-</del> 3	903			<u>.,,</u>	<u> </u>
	Other		1 (2) (1 1			203	•		1 7	<del>/</del> 11

	Investments - Other Securities.  Complete if the organization answered "Yes" on of security or category (including name of security)	on Form 990, Part IV, line 1	te Honor Society  1b. See Form 990, Part X, line 12.	
(a) Description			1b. See Form 990, Part X, line 12.	
	On Of Security Or Category (including name of security)			
(1) Financial	on or occurry or occogny (moracing name or occurry)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
	eld equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	·			
(G)	·			
(H)	must equal Form 000 Port V and (P) line 12 \			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)		, ,	.,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lin	
1.	(a) Description of liability			(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)	nn (b) must equal Form 990. Part X, col. (B) line			

Schedule D (Form 990) 2022

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Alpha Chi	National	College Ho	nor Societ	У			74-6047760
Part I General Information on Grants a	nd Assistance					_	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	V, line 21, for any
recipient that received more than S	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(6) 14 - 14 - 1 - 5		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>							

Part IV Supplemental Information. Provide the information req	7	74,000. 7,500.			
esearch prizes  Part IV Supplemental Information. Provide the information req		,			
	7	7,500.	0.		
Part IV Supplemental Information. Provide the information req	7	7,500.	0.		
Part IV   Supplemental Information. Provide the information requestry Part I, Line 2:					
Part I, Line 2:	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
Scholarships, fellowships, and rese	earch pri	zes are ar	proved by	the	
Organization, judged for clarity, o	originali	ty, and co	orrectness	of form	
pased on an academic paper or other	r appropr	iate work	in the app	licant's	
najor field.					

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Alpha Chi National College Honor Society

Employer identification number 74-6047760

Form 990, Part I, Line 1, Description of Organization Mission:

excellence and exemplary character among college and university

students and to honor those who achieve such distinction.

Form 990, Part VI, Section A, line 7a:

National council members are elected at annual conventions in accordance with the Alpha Chi's constitution and bylaws.

Form 990, Part VI, Section A, line 7b:

Constitutional amendments, elections, and other business brought before the national council are voted on at the annual convention by national council members and voting representatives in accordance with Alpha Chi's constitution and bylaws.

Form 990, Part VI, Section B, line 11b:

The Executive Director will review the form 990 prior to filing.

Form 990, Part VI, Section B, Line 12c:

A conflict of interest policy is reviewed and signed by the chief employed executives and members of the board annually. Alpha Chi monitors and enforces compliance with the conflict of interest policy and requires disclosure of any potential conflicts of interest.

Form 990, Part VI, Section B, Line 15a:

Compensation for the Executive Director is determined and approved by the national council.

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization Alpha Chi National College Honor Society 74-6047760 Form 990, Part VI, Section C, Line 19: Governing documents are available to the public upon request. Form 990, Part XII, Line 2c The process has not changed from the prior year.