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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **November 1, 2008**, 2009, and ending **October 31**, 20 **09**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
XI Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
25488 toomey Ct

City or town, state or country, and ZIP + 4
Aldie, VA 20105

D Employer identification number
54-1500429

E Telephone number
(703)869.1078

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — 501(c) (07) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	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														15496																													
	2	Program service revenue including government fees and contracts																																											
	3	Membership dues and assessments														23362																													
	4	Investment income														4																													
	5a	Gross amount from sale of assets other than inventory																																											
	b	Less: cost or other basis and sales expenses																																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																																											
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																											
	b	Less: direct expenses other than fundraising expenses																																											
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																												
7a	Gross sales of inventory, less returns and allowances																																												
b	Less: cost of goods sold																																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																												
8	Other revenue (describe ▶ _____)																																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																												
Expenses	10	Grants and similar amounts paid (attach schedule)														5338																													
	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 ▶ Administrative, Insurance, Officer Expenses, Delegates, Dues)														27240																													
17	Total expenses. Add lines 10 through 16														32578																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														6280																													
	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 (attach explanation)																																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														6280																													

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	28587	13783
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	28587	13783
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	28587	13783

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	✓
47 Did the organization engage in lobbying activities? 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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: *Wilson O. Randolph* Date: 3/12/10

Type or print name and title: Wilson O. Randolph, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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

Alpha Phi Alpha Fraternity, Inc.
 Xi Alpha Lambda Chapter
 999-EZ- 501 © (07)
 EIN: 54-1500429
 November 1, 2008-October 31, 2009

Part I: Revenue

Line		2008	2009
Line 1	MLK Memorial	2,050	-
	Funds from checking accounts	28,587	13,783
	Misc	1,298	1,713
		<u>31,935</u>	<u>15,496</u>
Line 3	Local Dues	15,000	16,760
	National Dues	9,395	6,601
		<u>24,395</u>	<u>23,362</u>
Line 4	Interest Income	2	4
Line 6a	Black and Gold Christmas Party Picnic	56,665	63,115
	Founders Day	970	1,969
	MLK Breakfast	2,795	2,101
		2,805	1,738
		<u>63,235</u>	<u>68,923</u>

Total Revenue	119,567	107,785
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Expenses

Line		2008	2009
Line 6b	Black and Gold Christmas Party Picnic	48,197	49,488
	Founders Day	649	763
	MLK Breakfast	1,555	2,168
	Other	2,859	1,323
		2,189	1,476
		704	1,782
		<u>56,154</u>	<u>56,997</u>

Line		2008	2009
Line 10	Luther Shelter	668	424
	Thanksgiving project	474	344
	Boy Scouts	1,416	1,638
	March of Dimes	500	500
	Black Schirs	300	-
	Alpha Academy (AA)	2,126	1,882
	MLK Donations	2,450	600
	Charitable Ads/Sponsorships	-	-
		<u>7,934</u>	<u>5,388</u>

Line		2008	2009
Line 16	Pres Office Expenses	91	150
	VP	-	23
	Treasurer	8	-
	Historian	13	-
	Chaplain	349	205
	Awards	677	685
	Web Design	203	250
	INS./Chap. Ins	700	700
	Time and Place	633	1,800
	MBRSHP (Intake)	482	1,437
	Conf /Conv Ads	250	150
	Delegates	3,985	6,335
	Dues	11,057	7,965
		<u>18,449</u>	<u>19,730</u>

Total Expense	82,536	82,115
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