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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2012 calendar year, or tax year beginning APR 20, 2013 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>ALPHA GAMMA DELTA FRATERNITY - LAMBDA GAMMA CHAPTER - VILLANOVA UNIVERSITY</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>800 LANCASTER AVE.</u> City or town, state or country, and ZIP + 4 <u>VILLANOVA, PA 19085</u>	D Employer identification number <u>35-2465885</u> E Telephone number <u>610-517-1384</u> F Group Exemption Number ▶ <u>0416</u>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.ALPHAGAMMDELTA.ORG/ALPHAGAMS

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no.) 4947(a)(1) or 527

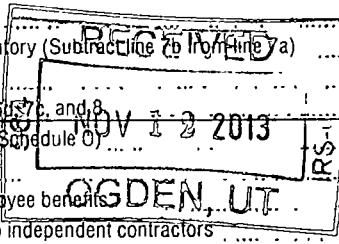
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 74,458.

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	46,173.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) <u>SEE SCHEDULE O</u>	8	28,285.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6, 7c, and 8	9	74,458.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) <u>SEE SCHEDULE O</u>	10	1,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,664.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) <u>SEE SCHEDULE O</u>	16	43,764.
	17 Total expenses. Add lines 10 through 16	17	47,428.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,030.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,030.



SCANNED NOV 25 2013

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

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ALPHA GAMMA DELTA FRATERNITY - LAMBDA

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.	27,030.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	0.	27,030.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27,030.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 **PROVIDED SOCIAL PROGRAMS FOR THE LOCAL SOCIAL FRATERNITY MEMBERS - A TOTAL OF 89 MEMBERS FOR THE YEAR.**

(Grants \$) If this amount includes foreign grants, check here

28a

29 **RAISED OVER \$1,000 FOR THE ALPHA GAMMA DELTA FOUNDATION WHILE PARTICIPATING IN PHILANTHROPY EVENTS AT VILLANOVA UNIVERSITY.**

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATHERINE LARIVÉE PRESIDENT	0.00	0.	0.	0.
KATIE SCHAAD RITUAL COORDINATOR	0.00	0.	0.	0.
ALLISON BORSHEIM ALPHA EXPERIENCE COORDINATOR	0.00	0.	0.	0.
NICOLE ALLMAN PUBLIC RELATIONS COORDINATOR	0.00	0.	0.	0.
KATHERINE BRINDLEY GAMMA EXPERIENCE COORDINATOR	0.00	0.	0.	0.
JACQUELINE CEMBROOK COR COORDINATOR	0.00	0.	0.	0.
JACQUELINE MCCAY SISTERHOOD COORDINATOR	0.00	0.	0.	0.
SARAH MILLIGAN ALUMNAE RELATIONS COORDINATOR	0.00	0.	0.	0.
SADIE DUTCHER DELTA EXPERIENCE COORDINATOR	0.00	0.	0.	0.
GABRIELLE IRVIN RISK MANAGEMENT COORDINATOR	0.00	0.	0.	0.
CHELSEA KAPOTES VP RECRUITMENT	0.00	0.	0.	0.
ANNA RUSSO VP MEMBER DEVELOPMENT	0.00	0.	0.	0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	24,000.
a Initiation fees and capital contributions included on line 9	39b	0.
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
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		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
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	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	CARRIE MCADAMS	
Located at	2842 BAYTON ROAD, EAGLEVILLE, PA	
Telephone no.	610-517-1384	
ZIP + 4	19403	
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	X
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	X
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	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: C. A. [Signature] Date: 11/18/13
 Type or print name and title: **CARRIE MCADAMS, FINANCIAL ADVISOR**

Paid Preparer Use Only	Print/Type preparer's name S. SCOTT VOYNICH, CPA	Preparer's signature S. SCOTT VOYNICH, CPA <u>[Signature]</u>	Date 11/7/13	Check <input type="checkbox"/> if self-employed	PTIN P00014238
	Firm's name ROBINSON, GRIMES & COMPANY, P.C.		Firm's EIN 58-1374304		
	Firm's address P.O. BOX 4299 COLUMBUS, GA 31914		Phone no. 706-324-5435		

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

Form 990-EZ (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

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

Name of the organization **ALPHA GAMMA DELTA FRATERNITY - LAMBDA
GAMMA CHAPTER - VILLANOVA UNIVERSITY** Employer identification number
35-2465885

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OCCUPANCY	2,625.
OTHER - PURCHASE/MERCHANDISE	10,472.
OTHER - SAVINGS	15,188.
TOTAL TO FORM 990-EZ, LINE 8	28,285.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: PHILANTHROPY

GRANTEE NAME: ALPHA GAMMA FOUNDATION

GRANTEE ADDRESS: 8710 N. MERIDIAN STREET INDIANAPOLIS, IN 46260

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FMV

BOOK VALUE OF PROPERTY: 1,000.

DATE OF GIFT: 05/15/13

AMOUNT GIVEN: 1,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	1,087.
CONFERENCES, CONVENTIONS & MEETINGS	2,922.
MEMBERSHIP DUES & ASSESSMENTS	29,845.
SUPPLIES	9,910.
TOTAL TO FORM 990-EZ, LINE 16	43,764.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization	ALPHA GAMMA DELTA FRATERNITY - LAMBDA GAMMA CHAPTER - VILLANOVA UNIVERSITY	Employer identification number 35-2465885
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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZATION IS A LOCAL
CHAPTER OF A NATIONAL COLLEGIATE SOCIAL FRATERNITY FOR THE PURPOSE OF
PROVIDING MEALS, HOUSING AND SOCIAL PROGRAMS TO THE LOCAL SOCIAL
FRATERNITY MEMBERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

