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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 05-01-2013 , and ending 04-30-2014		
B Check if applicable	C Name of organization NORTHERN CHAPTER OF THE VSCPA	D Employer identification number 54-1030321
Address change	Number and street (or P O box, if mail is not delivered to street address) P O BOX 81	Room/suite
Name change		E Telephone number (703) 237-2500
Initial return		
Terminated		
Amended return		F Group Exemption Number ►
Application pending	City or town, state or province, country, and ZIP or foreign postal code FAIRFAX STATION, VA 22039	

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:** ► WWWNORTHERNCHAPTERVSCPA.COM**J Tax-exempt status** (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 88,741****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,500
	2 Program service revenue including government fees and contracts	2	19,395
5a	3 Membership dues and assessments	3	57,795
	4 Investment income	4	51
6	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
7a	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
8	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b 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	
9	6c Less direct expenses from gaming and fundraising events	6c	
	7d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
10	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less cost of goods sold	7b	
11	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
12	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	88,741
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	5,000
	11 Benefits paid to or for members	11	
13	12 Salaries, other compensation, and employee benefits	12	6,160
	13 Professional fees and other payments to independent contractors	13	
14	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	215
16	16 Other expenses (describe in Schedule O)	16	74,572
	17 Total expenses. Add lines 10 through 16 ►	17	85,947
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,794
	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	57,999
20	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	60,793

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	58,203	22	61,226
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	58,203	25	61,226
26 Total liabilities (describe in Schedule O)	204	26	433
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,999	27	60,793

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE SOCIETY HOLDS MONTHLY MEETINGS PROVIDING CONTINUING PROFESSIONAL EDUCATION TO THE MEMBERS ON A VARIETY OF ACCOUNTING AND TAX TOPICS

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 THE SOCIETY HOLDS MONTHLY MEETINGS PROVIDING CONTINUING PROFESSIONAL EDUCATION TO ITS MEMBERS ON A VARIETY OF TAXATION AND ACCOUNTING TOPICS
 (Grants \$ 0) If this amount includes foreign grants, check here **28a** 0

29

(Grants \$)

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

(Grants \$)

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

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32****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
See Additional Data Table				

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

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ► _____, 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) 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	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► BERNIE GORDON Telephone no ► (703) 472-1503 Located at ► 9010 STONELEIGH CT FAIRFAX, VA ZIP + 4 ► 22031		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	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

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

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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

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

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

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

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

f Total number of other employees paid over \$100,000 _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations 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 ANN DOMINICK PRESIDENT Type or print name and title	2014-08-25 Date
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Paid Preparer Use Only	Print/Type preparer's name ELIZABETH MOFFETT CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00041799
	Firm's name <input type="checkbox"/> BURDETTE SMITH & BISH LLC			Firm's EIN <input type="checkbox"/> 45-4037800	
	Firm's address <input type="checkbox"/> 4035 RIDGE TOP ROAD SUITE 550 FAIRFAX, VA 22030			Phone no (703) 591-5200	

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

Additional Data

Software ID:
Software Version:
EIN: 54-1030321
Name: NORTHERN CHAPTER OF THE VSCPA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANN DOMINICK PRESIDENT-ELECT 2014-2015	2 00	0	0	0
BERNIE GORDON TREASURER	2 00	0	0	0
ANNE MARIE STEVENSON CHAPTER ADMINISTRATOR	6 00	0	0	0
EDWARD DOUTHETT JR SECRETARY	2 00	0	0	0
RICHARD G LARSEN DIRECTOR	2 00	0	0	0
ANDREW YOUHAS PRESIDENT -2013-2014	2 00	0	0	0
MICHAEL MARTIN DIRECTOR	2 00	0	0	0
ELIZABETH J MOFFETT PAST PRESIDENT - 2012-2013	2 00	0	0	0
CHRISTINE COLBURN DIRECTOR	2 00	0	0	0
JAHAN JEWAYNI DIRECTOR	2 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
NORTHERN CHAPTER OF THE VSCPA

Employer identification number

54-1030321

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION BANK INTEREST INCOME AMOUNT 51
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME GEORGE MASON UNIVERSITY GRANTEE ADDRESS 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030 DATE OF GIFT 03/31/14 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 882 DESCRIPTION CONFERENCE AND MEETING EXPENSES AMOUNT 62,944 DESCRIPTION BANK CHARGES AMOUNT 3,417 DESCRIPTION PAYROLL TAXES AMOUNT 546 DESCRIPTION WEB SITE MAINTENANCE AMOUNT 1,337 DESCRIPTION WEB SITE - NONRECURRING SETUP COST AMOUNT 5,180 DESCRIPTION PROGRAM EXPENSES - GOLF TOURNAMENT AMOUNT 240 DESCRIPTION ANNUAL CORPORATE FEE AMOUNT 26 TOTAL TO FORM 990-EZ, LINE 16 74,572
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL TAX LIABILITIES BEG OF YEAR AMOUNT 204 END OF YEAR AMOUNT 308 DESCRIPTION REFUNDS DUE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 125

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: NORTHERN CHAPTER OF THE VSCPA

EIN: 54-1030321

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.