



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Alpha Phi International Fraternity - Eta Lambda Chapter		D Employer identification number 54-1450707
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 4400 University Drive, MSN 2db		E Telephone number 540-834-6884
	City or town, state or province, country, and ZIP or foreign postal code Fairfax, VA 22030		F Group Exemption Number ▶ 1038
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

I Website: ▶ <http://GMUAlphaPhi.com>

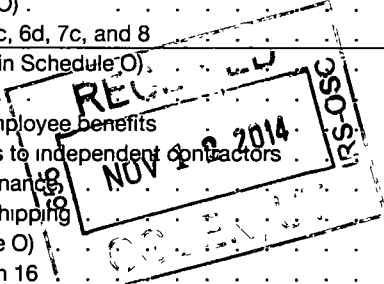
J Tax-exempt status (check only one) – 501(c)(3) 501(c)(7) ◀ (insert nc.) 4947(a)(1) or 527

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 ▶ \$ **146,233**

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	146,197
	4 Investment income	4	36
	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)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	146,233
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	3,810
	14 Occupancy, rent, utilities, and maintenance	14	3,163
	15 Printing, publications, postage, and shipping	15	56
	16 Other expenses (describe in Schedule O)	16	120,040
17 Total expenses. Add lines 10 through 16 ▶	17	127,069	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,164
	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	32,120
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	51,284



SCANNED ON 8 6 2014

9

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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	32,120	51,284
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	Total assets	32,120	51,284
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,120	51,284

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 <input type="checkbox"/>	
What is the organization's primary exempt purpose? social organization		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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 Organization put on an event to encourage donations to the Alpha Phi Foundation. The event was attended by all members, family members and alumni members. The event facilitated social interaction between the attendees and encouraged continued membership with the Organization. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	Purchased clothing and other branded material to be used by members. Members utilizing Alpha Phi branded materials markets the Organization to potential new members who attend the University. The use of branded material also identifies members and encourages non members to inquire about membership. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	The Organization put on an event attended by all members and their guests. The formal event included transportation, dinner and dancing. The event encourages social interaction between members and continued membership with the Organization. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(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
Strodel, Hunter Chapter President	6	-0-	-0-	-0-
Delaney, Anna VP Campus Affairs	3	-0-	-0-	-0-
Cowper, Fay VP Chapter Operations	3	-0-	-0-	-0-
Gauthier, Catherine VP Marketing	3	-0-	-0-	-0-
Green, Anna VP Membership Recruitment	3	-0-	-0-	-0-
Hammond, Codie VP Programming and Education	3	-0-	-0-	-0-
Hirsch, Kayla VP Risk Management	3	-0-	-0-	-0-
Park, Jessica Director of Administration	3	-0-	-0-	-0-
Moeller, Lauren Director of Finance	3	-0-	-0-	-0-
Andrejčak, Susan Panhellenic Delegate	3	-0-	-0-	-0-
Kassem, Nawal Director of New Member Education	3	-0-	-0-	-0-

		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		✓

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

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

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

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

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."

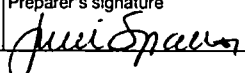
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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	Date <u>11/1/2014</u>
	Fay Cowper, Vice President of Chapter Operations Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Julie Sportelli	Preparer's signature 	Date <u>10/20/14</u>	Check <input type="checkbox"/> if self-employed	PTIN P00580911
	Firm's name ▶ Sorority Solutions			Firm's EIN ▶ 26-2848481	
	Firm's address ▶ P.O. Box 270, Wilton, CA 95693			Phone no 916-687-7700	

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

**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 990-EZ 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Alpha Phi International Fraternity - Eta Lambda Chapter

Employer identification number

54-1450707

Part I, Line 16, Other Expenses

Other Expenses include payments for the following activities of the organization:

Chapter Operations	\$ 2,495
International	\$ 22,577
Marketing	\$ 39,351
Program and Education	\$ 7,626
Recruitment	\$ 9,139
Leadership	\$ 13,146
Campus Affairs	\$ 6,688
Risk Management	\$ 19,018
Total	\$ 120,040