



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**Open to Public Inspection**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.

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

A For the 2013 calendar year, or tax year beginning 1 October, 2013, and ending 30 September, 20 14	
B Check if applicable: <input 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 Hampton-Newport News (VA) Alumni Chapter Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 8135 City or town, state or province, country, and ZIP or foreign postal code Hampton, Virginia, 23666-8135
D Employer identification number 23-7279483	
E Telephone number (757) 870-8417	
F Group Exemption Number ▶	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶	
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. ▶ \$	

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	0.00
	2 Program service revenue including government fees and contracts	2	0.00
	3 Membership dues and assessments	3	44,908.80
	4 Investment income	4	0.00
	5a Gross amount from sale of assets other than inventory	5a	0.00
	b Less: cost or other basis and sales expenses	5b	0.00
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0.00
	b Gross income from fundraising events (not including \$ 0.00 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	72,901.00
c Less: direct expenses from gaming and fundraising events	6c	57,151.94	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,749.06	
7a Gross sales of inventory, less returns and allowances	7a	0.00	
b Less: cost of goods sold	7b	0.00	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8 Other revenue (describe in Schedule O)	8	0.00	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	60,657.86	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	17,267.75
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	44,892.61
	17 Total expenses. Add lines 10 through 16 ▶	17	62,160.36
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,502.50
	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	13,592.41
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	15,094.91

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

SCANNED MAR 04 2015

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

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 . . . ☐

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.

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

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 ☐

Form **990-EZ** (2013)

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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
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	✓
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 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	✓
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	✓
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 the U.S.?	42c	✓
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"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

- 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

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

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

	Yes	No
47		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
-----------	--	-------------------------------------

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

49a		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

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

49b		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

- 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."

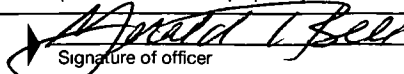
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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		28 Jan 15
	Signature of officer	Date
	Gerald L. Bell, Keeper of the Exchequer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

A. Schedule of receipts from fundraising activities (Total must agree w/part 1, line 2b)		Gross Receipts
Thanksgiving Jam "13"		\$3,628.00
Spring Jam "14"		\$2,940.00
Kasino Night "14"		\$31,424.00
Kasino Night Souvernir Booklet"14"		\$5,520.00
Day Party "14"		\$3,005.00
50-50 Raffle		\$339.00
Holiday Day Raffle		\$2,924.00
Golf tourney		\$15,936.00
Black & White Event "2014"		\$7,185.00
Total		\$72,901.00
B. Schedule of Disbursements for Chapter Operations		Amount Expended
Dues Paid-Grand Chapter		\$4,220.00
Dues Paid-Eastern Province		\$4,480.00
Dues Paid-Pan Hellenic		\$75.00
Housing		\$618.12
Hosting		\$5,590.00
Grand Chapter Meeting		\$1,500.00
Province Coun cil		\$1,500.00
Adminstrative Expenses		\$225.00
Public Relations		\$1,704.50
CRWLC		\$1,300.00
Hospitality/Member Services/Social Actions		\$3,103.05
Pan Hellenic		\$155.00
MOIP		\$220.00
Acheivement and Awards		\$400.00
Grand Chapter Insurance		\$650.00
Kappa Foundation Donation		\$100.00
Polemarch's Account		\$1,500.00
Contingency Funds		\$241.52
Under Graduate Assistance Fund		\$1,719.14
Historian		\$90.00
Senior Kappa Recognition		\$600.00

B. Schedule of Disbursements for Chapter Operations (cont)

Reclamation	\$135.00
Fellowship/Recreation	\$500.00
Outreach Program	\$349.00
MOIP IHQ & Eastern Province Expenses	\$11,431.00
MOIP Lodging Expense	\$1,196.00
MOIP-Gift Expense	\$350.00
Province Registration Fee (EH)	\$275.00
Province Lodging Expense (EH)	\$665.28
Tailgate Expenses	
Total	\$44,892.61

TOTAL (MUST AGREE WITH PART 1, LINE 3A)

C. Schedule of Contributions, Gifts, and Scholarship Disbursed

	Amount
Kappa Week's Church Donation	\$500.00
Social Actions	\$1,000.00
Guide Right	\$5,000.00
Holiday Baskets	\$1,700.00
Achievement Foundation/Scholarship Fund	\$5,000.00
St Jude Sunday of Hope	\$0.00
Piney Woods Collection	\$342.75
Kappa Cardinals Donations	\$225.00
Kasino Night Deposit "2014"	\$3,500.00
Total	\$17,267.75

TOTAL (MUST AGREE WITH PART 1, LINE 3B)

D. Schedule of Other expenses for Fund Raising Events

Thanksgiving Jam "13"	\$2,057.36
Ladies In Red Dance "14"	\$0.00
Spring Jam "14"	\$1,985.00
Kasino Night "14"	\$25,459.28
Kasino Night Souvernir Booklet "14"	\$2,004.00
Day Party "14"	\$5,723.85
50-50 Raffle	\$200.00
Holiday Day Raffle	\$1,429.00
Golf tourney	\$7,625.45

D. Schedule of Other expenses for Fund Raising Events		Black & White Event
		\$10,668.00
	Total	\$57,151.94
SCHEDULE -B		
STATEMENT OF AUTHORIZATION AND TAX INFORMATION SHEET		
FOR THE YEAR OCTOBER 1, 2013 TO SEPTEMBER 30, 2014		
PART I		
1. EIN #23-7279-483	CHAPTER: HAMPTON – NEWPORT NEWS (VA) ALUMNI	
2. GROSS RECEIPTS		
a. Total Dues and Assessments from Members and Initiates		\$44,908.80
b. Gross receipts from fund raising activities, <u>not</u> included in A, C, or D)		\$72,901.00
(TOTAL FROM SCHEDULE A)		
c. Interest & Investment Income		\$0.00
d. Contributions & Gifts received (Attach A schedule if more than \$1,000.00 from any one benefactor)		\$0.00
e. Total Gross Receipts (Add 2A, B, C, and D)		\$117,809.80
3. GROSS DISBURSEMENTS		
a. Expenses attributable to Chapter Operations		
(Total from Schedule B)		\$44,892.61
b. Contributions, Gifts and Scholarships Disbursed		
(Total from Schedule C)		\$17,267.75
c. Expenses for fund raising (Total from schedule D)		\$57,151.94
d. Total Gross Disbursements (Add 3A, B, and C)		\$119,312.30
Increase (or decrease) in Net Worth – 2E less 3D must EQUAL Difference in		
October, 2013 and September 2014 NET WORTH BALANCES in Part II		
		\$1,502.50

(If an annual report has been prepared for the Chapter, it should accompany this report)		1-Oct-13 (Beginning Year)	30-Sep-14 (End of Year)
PART II			
1. ASSETS			
CASH:			
Checking		\$4,965.86	\$3,463.36
Savings		\$0.00	\$0.00
Accounts Receivable		8,626.55	11,631.55
Investments (Bonds, Certificates, ETC)			
Housing and Furnishing (at cost)			
Less Accumulated Depreciation			
Other Assets (Attach A Schedule)			
TOTAL ASSETS		13,592.41	15,094.91
LIABILITIES			
Accounts Payable		\$0.00	\$0.00
Mortgage Loan Payable		\$0.00	\$0.00
Other Liabilities (Attach Schedule)		\$0.00	\$0.00
TOTAL LIABILITIES		\$0.00	\$0.00
3. NET WORTH			
NET Worth Plus Total Liabilities		\$13,592.41	\$15,094.91
(MUST EQUAL TOTAL ASSETS)			
*THE CHANGE IN NET WORTH -			
BEGINNING BALANCE MINUS THE ENDING BALANCE OF NET WORTH - MUST EQUAL PART 1, LINE 4.			