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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 foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Alpha Phi International Fraternity - Eta Lambda Chapter
 Number and street (or P O box, if mail is not delivered to street address): 4400 University Drive, MSN 2D6
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Fairfax, VA 22030

D Employer identification number: 54-1450707
E Telephone number: 717-460-8633
F Group Exemption Number: 1038

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)

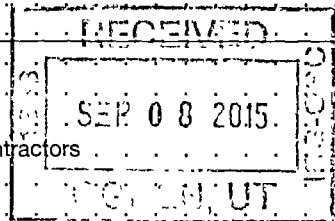
I Website: <http://GMUAlphaPhi.com>

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) (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. \$ 160767

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 <input checked="" type="checkbox"/>	
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	160696
	4 Investment income	4	71
	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	160767	
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	275
	14 Occupancy, rent, utilities, and maintenance	14	3370
	15 Printing, publications, postage, and shipping	15	191
	16 Other expenses (describe in Schedule O)	16	121268
	17 Total expenses. Add lines 10 through 16	17	125104
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35663	
Net Assets	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	51284
	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	86947



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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	51284	22 86947
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	51284	25 86947
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51284	27 86947

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? social organization

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, 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 The Organization held a formal event in the Spring season 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"/>	29a
30 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"/>	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

(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
Delaney, Anna Chapter President	6	-0-	-0-	-0-
Bell, Hannah VP Campus Affairs	3	-0-	-0-	-0-
Petschke, Evan VP Chapter Operations	3	-0-	-0-	-0-
Deliso, Chloe VP Marketing	3	-0-	-0-	-0-
Hammond, Codie VP Membership Recruitment	3	-0-	-0-	-0-
Orlando, Christina VP Programming and Education	3	-0-	-0-	-0-
Koszycki, Mary Katelyn VP Risk Management	3	-0-	-0-	-0-
Whitlock, Caroline Director of Administration	3	-0-	-0-	-0-
Matthews, Julia Director of Finance	3	-0-	-0-	-0-
Corren, Asteena Panhellenic Delegate	3	-0-	-0-	-0-
Weaver, Ashley Director of New Member Education	3	-0-	-0-	-0-

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	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 ▶ _____

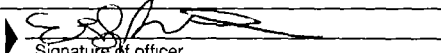
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 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		Date
	Evan Petschke, Vice President of Chapter Operations	8/31/2015
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Julie Sportelli	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00580911
	Firm's name ▶ Sorority Solutions Inc	Firm's EIN ▶		26-2848481	
	Firm's address ▶ PO Box 270 Wilton CA 95693	Phone no		916-687-7700	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

2014

**Open to Public
Inspection**

Name of the organization Alpha Phi International Fraternity - Eta Lambda Chapter	Employer identification number 54-1450707
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Part I, Line 16, Other Expenses

Chapter Operations	\$ 6996
International	\$ 21122
Marketing	\$ 38403
Program and Education	\$ 9134
Recruitment	\$ 9665
Leadership	\$ 7379
Campus Affairs	\$ 7356
Risk Management	\$ 21213
Total	\$ 121268