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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2015

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 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016

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) Room/suite
 Student Activities Officer MS 2D6
 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

757-818-3638

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

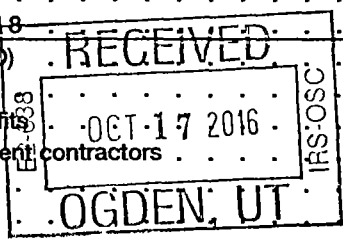
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 173501

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	173425
	4	Investment income	4	76
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	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	173501	
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	3567
	15	Printing, publications, postage, and shipping	15	186
	16	Other expenses (describe in Schedule O)	16	137862
17	Total expenses. Add lines 10 through 16	17	141890	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31611
	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	86947
	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	118558



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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	86947	22 118558
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	86947	25 118558
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86947	27 118558

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
 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; optional for others.)

28 <u>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.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>All members participate in formal recruitment training and formal recruitment that takes place over a number of days. As a result of their efforts 49 members joined the Organization. Participation in recruitment activities promotes bonds between members and teaches valuable interviewing and social skills.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>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.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 <u>Other program services (describe in Schedule O)</u> (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
<u>Orlando, Christina</u> Chapter President	6	-0-	-0-	-0-
<u>Dambach, Jenna</u> VP Campus Affairs	3	-0-	-0-	-0-
<u>Svaranovic, Michaela</u> VP Chapter Operations	3	-0-	-0-	-0-
<u>Goldstein, Devyn</u> VP Marketing	3	-0-	-0-	-0-
<u>Daniel, Jennifer</u> VP Membership Recruitment	3	-0-	-0-	-0-
<u>Reilly, Katherine</u> VP Programming and Education	3	-0-	-0-	-0-
<u>Flannery, Arlene</u> VP Risk Management	3	-0-	-0-	-0-
<u>Shearer, Carissa</u> Director of Administration	3	-0-	-0-	-0-
<u>Copeland, Allison</u> Director of Finance	3	-0-	-0-	-0-
<u>Bowers, Samantha</u> Panhellenic Delegate	3	-0-	-0-	-0-
<u>Murter, Jessica</u> 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. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 Yes 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 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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."

Table with 5 columns: (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."

Table with 3 columns: (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: Signature of officer: Michaela Svaranowic, Date: 9/20/16, Type or print name and title: Michaela Svaranowic, Vice President of Chapter Operations

Paid Preparer Use Only: Preparer's name: Julie Sportelli, Preparer's signature: [Signature], Date: 8/30/16, Check if self-employed: [], PTIN: P00580911, Firm's name: Sorority Solutions, 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 ▶ 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

2015

**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

Chapter Operations \$ 7512

International \$ 22899

Marketing \$ 41253

Program and Education \$ 8208

Recruitment \$ 17183

Leadership \$ 13022

Campus Affairs \$ 10038

Risk Management \$ 17747

Total \$ 137862