

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **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.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
 ALPHA GAMMA DELTA FRATERNITY - LAMBDA
 GAMMA CHAPTER - VILLANOVA UNIVERSITY
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 800 LANCASTER AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
 VILLANOVA, PA 19085

D Employer identification number
 35-2465885
E Telephone number
 (610) 952-1209
F Group Exemption Number ▶ 0416

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: ▶ WWW.ALPHAGAMMADDELTA.ORG/ALPHAGAMS
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 FRATERNITY

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. ▶ \$ 134,661

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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	29,114	22 37,547
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	29,114	25 37,547
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,114	27 37,547

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 ORGANIZATION IS A LOCAL CHAPTER OF NATIONAL COLLEGIATE SOCIAL FRATERNITY WHOSE PURPOSE IS TO PROVIDE MEALS, HOUSING AND SOCIAL PROGRAMS FOR THE LOCAL SOCIAL FRATERNITY MEMBERS

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (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) <input type="checkbox"/>	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
ALEXANDRA GOLIA	1 00	0	0	0
ACTIVITIES COORDINATOR				
KYLIE BREZSKI	1 00	0	0	0
ALPHA EXPERIENCE COORDINAT				
SAM CARROLL	1 00	0	0	0
ALUMNAE RELATIONS COORDINA				
KAYLA MARCATO	1 00	0	0	0
COR COORDINATOR				
AMANDA ANDSAGER	1 00	0	0	0
CORRESPONDENCE COORDINATOR				
ALEXANDRA HORGAN	1 00	0	0	0
DELTA EXPERIENCE COORDINAT				
SARAH HANNAN	1 00	0	0	0
GAMMA EXPERIENCE COORDINAT				
MARISSA RAWLINGS	1 00	0	0	0
MEMBERSHIP COORDINATOR				
MICHAELA PUCCINELLI	1 00	0	0	0
PHILANTHROPY COORDINATOR				
ELIZABETH SWETT	1 00	0	0	0
PRESIDENT				
KYLIE CHOW	1 00	0	0	0
PROPERTY COORDINATOR				
KIRSTEN EVERSEN	1 00	0	0	0
PUBLIC RELATIONS COORDINAT				

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 response columns. 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 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
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

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 2017-10-24 Date
COLLEEN SANTORO CHAPTER ADVISOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MELANIE POWELL CPA Preparer's signature Date Check if self-employed PTIN P01253029
Firm's name OMEGA FINANCIAL INC Firm's EIN 58-2096979
Firm's address 1242 6TH AVENUE COLUMBUS, GA 31901 Phone no (706) 571-0083

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

Additional Data

Software ID:

Software Version:

EIN: 35-2465885

Name: ALPHA GAMMA DELTA FRATERNITY - LAMBDA
GAMMA CHAPTER - VILLANOVA UNIVERSITY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 PROVIDED MEALS, HOUSING AND SOCIAL PROGRAMS TO THE LOCAL SOCIAL FRATERNITY MEMBERS - A TOTAL OF 156 MEMBERS FOR THE YEAR (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: ALPHA GAMMA DELTA FRATERNITY - LAMBDA
GAMMA CHAPTER - VILLANOVA UNIVERSITY

EIN: 35-2465885

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.

SCHEDULE O
(Form 990 or 990-EZ)

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

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

ALPHA GAMMA DELTA FRATERNITY - LAMBDA
GAMMA CHAPTER - VILLANOVA UNIVERSITY

Employer identification number

35-2465885

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST AMOUNT 157 DESCRIPTION OCCUPANCY AMOUNT 2,760 DESCRIPTION PURCHASE/MERCHANDISE AMOUNT 13,006 TOTAL TO FORM 990-EZ, LINE 8 15,923

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 3,418 DESCRIPTION CONFERENCES & CONVENTIONS AMOUNT 727 DESCRIPTION MEMBERSHIP DUES AMOUNT 93,354 DESCRIPTION PURCHASE/MERCHANDISE AMOUNT 3,210 DESCRIPTION SUPPLIES AMOUNT 16,067 TOTAL TO FORM 990-EZ, LINE 16 116,776