

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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
PO BOX 270

City or town, state or province, country, and ZIP or foreign postal code
WILTON, CA 95693

D Employer identification number
54-1450707

E Telephone number
(916) 687-7700

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 ▶ \$ 122,040

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	1		10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	121,471	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	569	13	Professional fees and other payments to independent contractors	13	275
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	3,031
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	78
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	104,084
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	107,468
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,572
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	0	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	117,385
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	131,957
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
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	122,040				

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	117,385	22 129,457
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 2,500
25 Total assets	117,385	25 131,957
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,385	27 131,957

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?
 Alpha Phi is a sisterhood of women supporting each other in lifelong achievement

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here

30 See Additional Data Table **30a**

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) **31a**

(Grants \$) If this amount includes foreign grants, check here

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
Jones Devin President	6 00	0		
Rustom Isabelle	3 00	0		
VP RISK MANGEMT Herman Nicole	3 00	0		
VP MEMBER EDUC Thompson Maya	3 00	0		
VP OF FINANCE Gharbo Melina	3 00	0		
VP MEM RECRUIT Torres Casey	3 00	0		
VP OF MARKETING Svaranowic Jovina	3 00	0		
VP COMM RELATIO Kelley Quinn	3 00	0		
Executive Dir Benitah Shely	3 00	0		
PANHELLENIC DEL Gudino Georgina	3 00	0		
DIRECTOR ACADEM Podish Holly	3 00	0		
DIRECTOR ALUMNA				

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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Alpha Phi Intl Eta Lambda Telephone no (703) 477-9472 Located at 5456 new london park drive FAIRFAX, VA ZIP + 4 22032

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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		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

		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
NONE				

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
NONE		

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	2019-11-12 Date
Thompson Maya VP OF FINANCE 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 ▶ 11708 GREEN ROAD WILTON, CA 95693			Phone no (916) 687-7700	

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 54-1450707
Name: ALPHA PHI INTERNATIONAL FRATERNITY-
ETA LAMBDA CHAPTER

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 All members participate in formal recruitment training and formal recruitment that takes place over a number of days As a result of their efforts 23 members joined the Organization Participation in recruitment activities promotes bonds between members and teaches valuable interviewing and social skills</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 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.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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

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<p>30 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</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ALPHA PHI INTERNATIONAL FRATERNITY-
ETA LAMBDA CHAPTER

Employer identification number

54-1450707

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	COMMUNITY RELATIONS \$21901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Recruitment \$19692

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Risk Management \$16783

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	INTERNATIONAL \$16433

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Return Reference	Explanation
Other Expenses 5	MARKETING \$12127

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Return Reference	Explanation
Other Expenses 6	Leadership \$8606

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	ADMINISTRATIVE \$7137

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	MEMBER ED AND PROGRAMMING \$1405

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$2500